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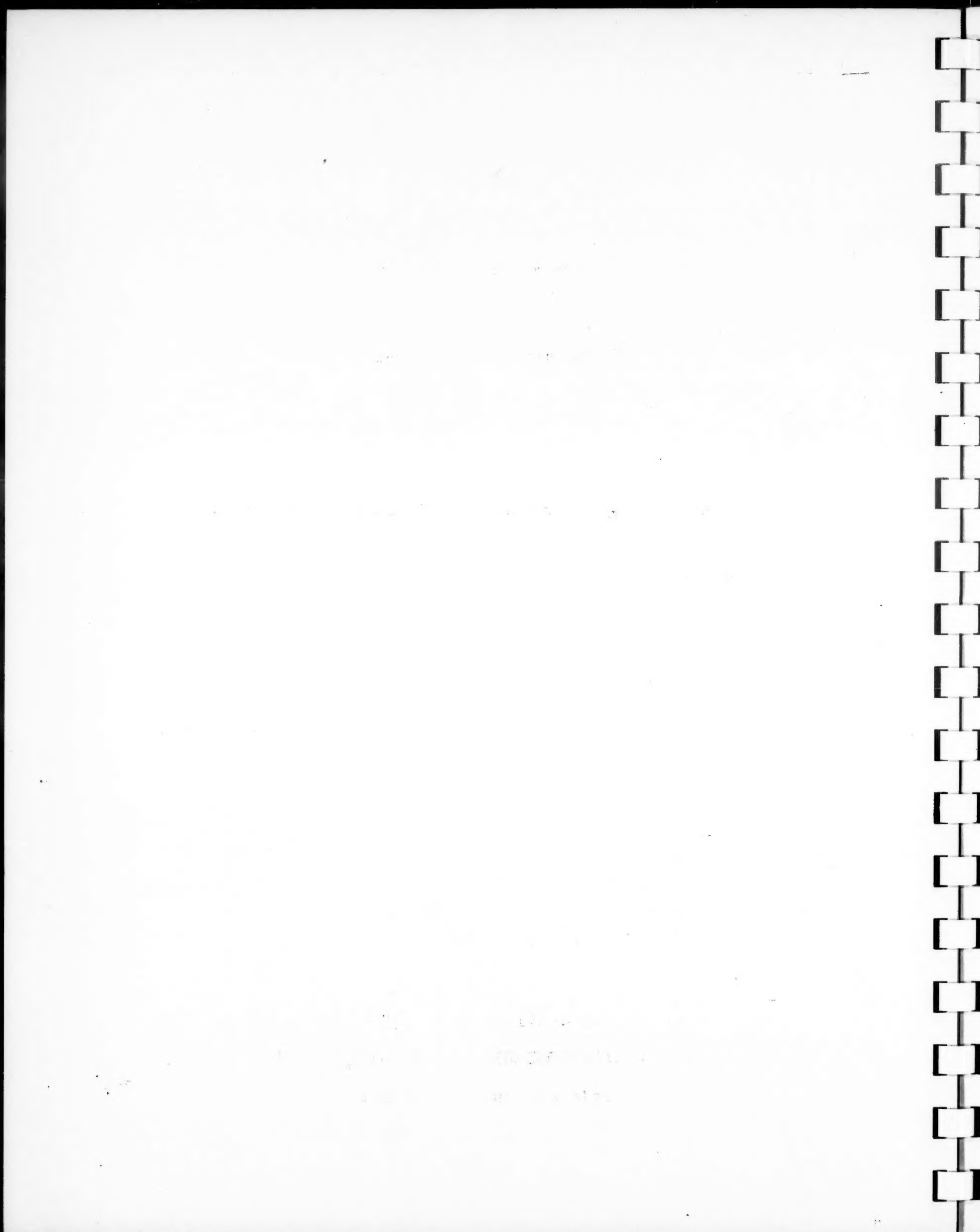
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CHRISTIAN ASSOCIATION FOR PSYCHOLOGICAL STUDIES

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PREFACE

The Seventh Annual Convention of the Christian Association for Psychological Studies convened on the Campus of Calvin College and Seminary in Grand Rapids, Michigan, on April 5 and 6, 1961. We express to the administration of these institutions our sincere appreciation for the physical facilities and the fine Christian hospitality granted to our convention personnel. Members of the association from far and near gathered for fine Christian and academic fellowship and inspiration.

This year, the theme was: "Guilt in the Christian Perspective". At one and the same time, this carried forward and narrowed down our previous discussions on Personality. It was a progressive step in our convention procedure to center our thinking around the main address. How fortunate we were to have as our principal speaker the eminent Dr. O. Hobart Mowrer, research professor of psychology at the University of Illinois. The subsequent papers delivered as reactions to this main address, both agreeing and disagreeing with various parts of Dr. Mowrer's presentation, proved that he had stirred and challenged our thinking and had made a real contribution to the studies of our association.

Our papers on experiences of guilt as they were observed by the practitioners of the various professions kept us from becoming too theoretical and brought us face to face with the practical aspects of the theme of our convention. Then, as the various professions met in their own seminar groups, the practical discussions were profitably continued.

Aside from the intellectual nourishment and challenge, there were other good signs to be seen. Our membership has taken on a decided increase in the past year. The attendance and the enthusiasm of discussion shows progress. Interest in the purpose and plans of the association seem to be greatly stimulated.

Let us continue to push for clearer communication among the professional groups, to urge upon each other the necessity for study and research, and to solicit the interest of others in the things we have set about to do.

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PSYCHOPATHOLOGY AND THE PROBLEM OF GUILT, CONFESSION,
AND EXPIATION¹

O. Hobart Mowrer

Historically the prevailing view, in literate and non-literate societies alike, has been that man sickens in mind, soul, and perhaps even body because of unconfessed and unatoned real guilt--or, quite simply, from what an earlier era knew as a state of "disgrace" or "sin." However, as a result of complicated historical reasons which have been explored elsewhere (Mowrer, 1959), this view has, in our time, fallen into disrepute. The church, badly weakened by internal strife and injudicious opposition to science, quietly relinquished its traditional claim to competence in the domain of the sick soul and unprotestingly accepted the emphasis of 19th-Century psychiatry on constitutional and biochemical factors.

It was, therefore, in this remarkable setting that psychoanalysis had its inception and rapid growth. As Freud observed in his autobiography (1935), toward the end of the last century there were, in every large European city, "crowds of neurotics, whose number seemed further multiplied by the manner in which they hurried, with their troubles unsolved, from one physician to another" (p. 27). The church had, in effect, turned a deaf ear to the needs of these people; and the common forms of medical and psychiatric treatment, which were predicated on a somatic conception of personality disorder, were magnificently ineffective. The situation thus called for a boldness which Freud supplied in the form of a clever compromise between the traditional moral view of personality disturbance and medical preconceptions. Guilt, he hypothesized, was indeed a factor in neurosis but it was a flase, unrealistic, and crippling guilt which, as a result of a too strict and restricting socialization of the individual, impeded the normal flow of certain instinctual energies, notably those of sex and aggression. So the psychoanalytic physician set out to cure neurotic individuals by championing the rights of the body in opposition to a society and moral order which were presumed to be unduly harsh and arbitrary.

There was, of course, no lack of individuals who were willing to be saved by this plausible-sounding and pleasant philosophy--and who were willing to pay for it, handsomely.

¹Read at the University of Pittsburgh Symposium on Current Trends in Psychology, March 13, 1959.

Thus, both patients and practitioners of the art were assured. But the day of reckoning is upon us. Our mental hospitals are now, alas, full of persons who have had this new form of treatment and not profited from it; and among them, their erstwhile therapists, and the general public alike there is growing disillusionment and alarm. Once again we are in a period of sober reappraisal; and it is the purpose of this paper to suggest one way of re-thinking the problem which, although in some respects very costly, nevertheless promises a form of redemption more radical and generally applicable than anything we have known in the recent past.

As the title of this paper implies, it will be our plan to consider, first, the possibility that in psychopathology guilt is real rather than illusory ("delusional"); then we shall explore the correlative proposition that the aim of communication and self-disclosure in the therapeutic situation is not mere understanding and insight (in the Freudian sense of these terms) but a changed, repentant view of oneself; and finally we shall examine evidence for believing that, however necessary they may be, contrition and confession are not alone enough to restore psychic and moral equilibrium and must be followed by meaningful, active forms of atonement or restitution.

I. How Real Is the Neurotic's Guilt?--A Question of Fact

Freud held that, as a result of a too intensive socialization, some individuals develop so great a fear of their sexual and hostile feelings that, eventually, they even deny these feelings access to consciousness and that it is the alarm which the ego feels when these impulses clamor for recognition and expression (i.e., the danger, as Freud called it, of the "return of the repressed") that generates the characteristic neurotic affects of depression, anxiety, and panic. In 1948 the present writer (see also Mowrer, 1950) hypothesized that in neurosis it is actually the individual's conscience that has been repudiated and "repressed" rather than his "instincts," thus shifting the emphasis from Freud's impulse theory of neurosis to a guilt theory. Actually, as is now evident, this position had been anticipated by Runestam (1932), Boisen (1936), and Stekel (1938), and it now seems to be steadily gaining in acceptance. However, the doctrine of repression, upon which the difference in opinion here hinges, is a subtle one and not easily amenable to objective verification, so the issue has remained a debatable one (cf. Mowrer, 1959).

But there is another way of putting the problem which makes it more immediately researchable. According to Freud and his followers, the neurotic is in trouble, not because of anything actually wrong which he has done, but merely because of things he would like to do but, quite unrealistically, is afraid to. By contrast, the other view is that in neurosis (and functional psychosis), the individual has committed tangible misdeeds, which have remained unacknowledged

and unredeemed and that his anxieties thus have a realistic social basis and justification.

So conceived, the difference between the two positions can be empirically studied with some precision. According to the Freudian view, the neurotic should have a history of something like saintliness; whereas, according to the other position, he should have a record (albeit a carefully concealed one) of actual and incontestable misconduct and perversity. This issue should by all means be submitted to systematic investigation on a scale corresponding to its significance. But I confess that, for myself, I am already pretty well persuaded what the results would be and will here merely cite a few examples of the kinds of evidence which is already widely available on this score and which I, personally, find convincing.

In the summer of 1956, a manuscript was transmitted to me which has now been published in the Journal of Abnormal and Social Psychology (Anonymous, 1958), for which I wrote the following brief introduction. The paper, I should say, is entitled "A new theory of schizophrenia."

This remarkable paper was written some two years ago by a then 34-year-old man residing on a closed ward in one of our large VA hospitals with a diagnosis of "paranoid schizophrenia." Soon after the original manuscript came into my hands (through a former student), I had it mimeographed and, in the interim, as occasion arose, have obtained reactions thereto from several clinical psychologists, psychiatrists, and theologians. The evaluations fall into two categories: some hold that the paper is just what it purports to be, an original and highly reasonable theory of schizophrenia--while others insist that it is a classical exhibit of the disease itself.

The present judgment of the author, now no longer hospitalized, is that his paper, as it stands, is probably valid as far as it goes but needs to be elaborated and extended in certain ways. It is hoped that his further thinking in this connection can be separately published at a later date. In the meantime, readers will be free to form their own opinions as to whether the production presented herewith is an essentially valid, albeit perhaps partial, theory of schizophrenia--or just a "phenomenological perspective." . . .

Here it need only be added that the author of the following essay has a history of personal waywardness and perversion (hence the anonymity)

which could easily support his original thesis. He regards the present document as largely an expression of unconscious processes, rather than as something that he carefully reasoned out. It was written, he says, "while I was still following signals and colors; some of it was almost automatic writing." The author gives additional information about himself at the end of the paper.

Before proceeding with a synopsis of the paper proper, it will be well to present the following information, which the author himself gives as his "qualifications" for writing such a paper. He lists them thus:

Nearly four years of psychotherapy.

Nearly two years of living in mental hospitals.

Observation of my mother, who is now hospitalized for the fourth time.

Twelve to fifteen years of self-analysis.

A B.A. degree and one year of graduate work in psychology with philosophy as a minor.

99th percentile on the Graduate Record Examination in psychology.

A nearly life-long desire to contribute to knowledge, especially to solve the problem of mental illness.

But now, to return to the essay itself. Near the outset the author--whom we shall know as Tim Wilkins--says:

I propose that the motive force of schizophrenic reactions is fear, just as fear motivates, according to Freud, neurotic mechanisms--but with this difference: In the case of schizophrenia, the chronic fear is more properly called terror, or concealed panic, being of the greatest intensity; and second, as is not the case in neurosis, the fear is conscious; third, the fear itself is concealed from other people, the motive of the concealment being fear. In neurosis a sexual or hostile drive, pointing to the future, is defended against. In schizophrenia, by my view, detection by others of a guilty deed, the detection pointing to the past, is defended against (pp. 2-3).

One of the things that gives this document particular authenticity, for me, is the way in which the author here accepts, without question, the validity of Freud's theory of neurosis but then goes on to report his own very different inductions about schizophrenia. By 1946 or '47 when Wilkins had his last contact with academic psychology, the Freudian theory of neurosis was still very much in vogue; and, writing

in 1956, Wilkins seems to have been quite unaware how widely that theory was being replaced by an alternative view quite similar to his own. The fact that Wilkins apparently did not know of these developments, as far as the theory of neurosis was concerned, therefore gives his formulations concerning the schizophrenic psychoses special cogency and independence--and constitutes, perhaps still another indication of the weakness of the classical Freudian position.

But what, more specifically, is Wilkins' theory of schizophrenia? As much as possible it will be presented in Wilkins' own words.

My hypothesis (says Wilkins) may be called the Dick Tracy theory loosely in honor of the familiar fictional, human bloodhound of crime.

Motivated in the very first place by fear, the schizophrenic psychoses originate in a break with sincerity, and not in the classically assumed "break with reality." The patient's social appetite (an instinctive drive in primates, I believe), including love and respect for persons and society, is consciously anticathexed or forsaken and ultimately repressed with the passage of time, since full satisfaction of sociality entails, more or less, communicative honesty, faith, and intimacy. Also, the tension set up in interpersonal intimacy by the withholding of emotionally important (although perhaps logically irrelevant) information causes unbearable pain. This repression of sociality accounts for the well-known "indifference" of schizophrenics. But if safety can be achieved by means of "perjury" alone without great discomfort, then no further defense are adopted. Perjury is here defined as avoiding telling the whole truth and nothing but the truth. If, for many possible reasons, perjury is not an adequate and comfortable guarantee of safety, as it usually is not, then "cutting" of social contacts is progressively pursued--all in the interest of safety in respect to avoiding possible punishment. Suppression and repression of the social appetite or instinct is thus central to schizophrenia. I believe that repression of sexual and hostile drive is not primary in schizophrenia, although it is secondary, as will be explained further on.

Schizophrenia is the cultivation of a lie. A lie is "proved" to be the "Truth". The real truth is that the schizophrenic is responsibly guilty for some crucial misdeeds. . . .

In my view a large amount of the damage to the schizophrenic's self-esteem results from his contemplation of his own vicious insincerity--which damage is more an effect than a cause of his disease. His un-

ethical defense mechanisms cause him deep shame and fear of loss of others' esteem. In addition, the primary deeds--whose exposure and punishment are avoided by the disease--are shameful. . .

More broadly speaking, schizophrenia shares with all functional mental illness the ultimate danger of punishment meted out by men, demigods, or gods. Common punishments feared are the being deprived of love of kith or kin, loss of social status, financial security, etc., and especially in the case of schizophrenia the more violent punishments such as being abominated by kith or kin, bodily mutilation, imprisonment, lynching, execution.

This abandonment of social ties and good feeling, in the interest of personal safety, is sometimes starkly simple, as in mutism, but is usually supplemented by the development of "phony" social behavior, that is to say, designedly cryptic or misleading expressions of interests, sentiments, opinions; designedly unfriendly "friendliness;" asking only questions to which the answers are already known; the limitation of conduct to carefully self-criticized, self-rehearsed stratagems, etc. The patient has aggressed, ultimately in self-defense, by means of an undeclared, passive, preventive "war" against his fellow men, and in the interest of preventing defeat (positive victory is soon sensed to be hopeless of attainment) most of his knowledge and sentiments, and indeed his spontaneous behavioral tendencies, have been classified "top secret." Whatever words he actually uses are employed, thus, as self-defensive weapons. My Dick Tracy theory offers the explanation that high reaction time results from "biding time" in the service of caution. Time is needed in order to creatively choose a "phony" (not spontaneous, not honest, not satisfying--except with respect to fear) response that will maximally conceal the patient's mental life and thus insure safety.

A semi-instinctive deceptive stratagem leads schizophrenics, like pursued rabbits, to "zigzag," thus baffling the pursuer's expectations. Unpredictability is the stock-in-trade fetish of schizophrenics. The proximate goal is to avoid being understood. The ultimate goal is to avoid punishment. They "non-want" punishment (pp. 227-228).

My hypothesis diverges from orthodox theory, I believe in insisting that a large part of the schizophrenic's fear is not a symptom and is not repressed, but is the main pathogenic force and is accessible to consciousness and even verbalization

were the psychotic to violate his more or less conscious policy of dissembling.

There are understandable reasons why others may not have developed this view sooner. The theorist is naturally made to appear somewhat hard-hearted and accusatory. The families and others related to the schizophrenic would naturally resent the implication of crime. . . ./And/ it is easy to imagine and believe that physicians and psychologists would not enjoy making a career of being accessories after the fact or having their work upen to such interpretation in the sociological "climate" afforded by present-day attitudes. Nor would professional healers in general enjoy arranging for prosecution of patients.

In other words, this theory, even more so than Freud's sexual emphasis, by its very nature would stand to be unpopular all around, both to the patients and the healers and the social group which surrounds them both. In fact, were it not that the truth promises to be practically invaluable in the long run, I would hope that my theory is not true.

As Freud found Shakespear's Hamlet to be representative of neurosis, I take Shakespeare's Lady MacBeth to typify schizophrenic psychoses. The motto of the schizophrenic might well be, "Out, Damned Spot!" and that of the therapist working with schizophrenics, "Find the Crime!" (p. 228).

There then follow sections with these titles: "Schizophrenia and criminality compared," "On crime and punishment," "The theory and types of schizophrenia," and "Schizophrenia, A social disease," in which further empirical evidence is mobilized in the support of the theory and implications drawn which might be tested by further inquiry. And, toward the end of the section last cited, we read this wistful yet trenchant passage:

My theory makes schizophrenics out, in a sense, to be villains. Yet obviously they would be bungling villains, and the very botching of their lives strongly suggests forceful extenuating circumstances, since without tremendous pressures people seldom, presumptively, destroy what they love as much as all people love themselves originally.

Irrelevantly, it is pleasant to say that human beings are lent dignity(or a rather evil sort, if my theory is true) if one credits the schizophrenics of the human race with being real people who have fallen into disease by having failed to make the right decisions at the right time in regard to problems which even our philosophers and theologians have not solved in the quiet of their studies with the help of the written words of many other minds--while the schizophrenics

failed under enormous, frantic pressures, as is typically the case (p.233).

Then there is a section entitled "Thoughts on therapy" and, finally, a "Summary," which reads, in part, as follows:

So what is a schizophrenic? In brief, he is a terrified, conscience-stricken crook, who has repressed his interest in people, unavowedly insincere and uncooperative, struggling against unconscious sexual perversion. He is of no mean Thespian ability. And his favorite Commandment is that which one nowadays facetiously calls the Eleventh Commandment, "Thou shalt not get caught."

Attempts to expose him may only drive him further "under-ground." But a knowledge of his true nature will surely lead, someday, to somebody's discovering a sure, quick, effective and enduring cure (p.236).

As already indicated, there are those who insist that the sense of guilt and wrong-doing which the author of this paper stresses is itself pathological; and some would even hold that the misdeeds to which the schizophrenic person points, if real, are an early expression of disease, rather than a cause thereof. But this position has the logical defect of making all misconduct interpretable in this way and thus obliterates the whole concept of personal and moral responsibility. Moreover, there are now psychiatrists, including some very eminent ones, who feel that this view is unsound even when limited to the most obviously "sick" individuals and that an entirely different orientation is needed. For example, after the publication of Tim Wilkins' paper, Dr. Karl Menninger wrote as follows:

I very much liked the article on schizophrenia . . . in the September issue of THE JOURNAL OF ABNORMAL AND SOCIAL PSYCHOLOGY. I wish you would tell the author that I think it is fine and that it would be even a little better, in my opinion, if he would not try to distinguish between schizophrenia and other groups of symptoms. Essentially all mental illness must be a reaction to some kind of feeling of rupture with the social environment, and of course it is typical of many patients to identify this with their own aggressive intent or even aggressive acts for which, as the author says, they feel guilty and about which they are defensive and evasive and insincere.

Or consider this observation, reported by Hock & Polatin (1949) in connection with their study of a large group of borderline--or what they prefer to call "pseudoneurotic"--schizophrenics:

In all the writers' cases, they observed that the patient usually told of a great many sexual pre-occupations showing autoerotic, oral, anal, homosexual

and heterosexual tendencies, and ideas which sometimes resembled a textbook of psychopathia sexualis. These polymorphous perverse manifestations, this chaotic organization of the patient's sexuality, the writers feel, is rather characteristic of these schizophrenic cases. Marked sadistic or sado-masochistic behavior is often linked with this sexual material. This is especially true in patients who rather overtly and without restraint, express incestuous ideas. Many of these patients, especially under sodium amytal, verbalize these ideas freely, or express them freely in drawings (p. 253).

Recently a state hospital conducted an all-day institute for clergymen for which the head of the Social Service Department had prepared a case history of a 33-year-old woman who, it was felt, rather well typified entering patients. For a period of two years, this woman had been having an affair with her brother-in-law; she had on one occasion assaulted her husband with a butcher knife; and on another occasion had thrown a small child over a backyard fence. Finally she became suicidal and had to be hospitalized.

And so might one continue, indefinitely, to mobilize evidence that sin and emotional sickness are no strangers to one another and that it is only by flagrant disregard of the clinical facts that one can imagine that neurotic and functionally psychotic individuals have been too thoroughly socialized and are the victims of an unduly severe, oppressive morality. Therefore, although it is realized that the evidence cited will probably not be sufficient to convince anyone holding a strongly contrary view, it will be accepted here as typical of a much larger body of facts which justify further consideration of the view that mental illness is a social and moral illness and, in the final analysis, capable of remediation only along social and moral lines.

II. Guilt, Remorse, and Confession

If it be true that emotionally ill persons are typically guilty persons, i.e., persons with real guilt rather than mere guilt feelings, the question very naturally arises as to what can be done to alleviate such a state of affairs. Everyone apparently has an intuitive compulsion to admit, or confess, his guilt to others; but this is a very painful act and is likely to occur only under great urgency. A dramatic instance of confession, and the conflict it involves, is given in the following paragraphs. They are taken from Corsini & Standal's (1959) book, Critical incidents in psychotherapy. I may say that the counselor here reporting is not identified, and the client is known only as "Joan." The counselor begins by giving the background facts:

Joan is a nineteen year old college freshman.
She was first seen while she was attending Junior College

The school psychologist had diagnosed her as a Paranoid Schizophrenic on the basis of a Rorschach test and had referred her for psychotherapy to a counseling center which uses a client-centered approach.

The therapist to whom Joan was assigned (the present author), noted no psychotic symptoms until the sixth interview when she had an hallucination and expressed some bizarre ideas. After this interview, the therapist asked for a consultation with a psychiatrist which was followed by a joint interview with the patient and continuing consultation during the course of treatment.

The critical incident described occurred in the fourteenth interview. Joan had been seen initially for eight interviews, followed by a month and a half of summer vacation, and then five more interviews before she left town to go to a state university. She had been at the university for one week when she called the therapist and said she wanted to come back during the weekend for an appointment. One was set for five o'clock on Saturday.

Joan arrived almost on time, breaking a precedent of coming consistently twenty to thirty minutes late. She said she was quite disturbed and had tried to reach me twice during the afternoon but I wasn't there.

I asked her how much time she would like. (Our previous interviews had all been for whatever was left of fifty minutes after her late arrival). I opened the possibility of a longer interview in reaction to her apparent degree of disturbance and the inaccessibility of the clinic to her new residence at the university. She asked, "What do you mean?" I said, "I wonder if you would like more than an hour today?" She said, "Yeah, I would." I asked her, "Well, how much time would you like?" She did not try to answer the question so I said "Suppose we continue until we both get hungry and it's time to go home for supper."

She began then talking about her experience at the university. She described the loneliness that she felt--the isolation. Nobody really loved her. She just felt all alone in the world. Life was so depressing that she couldn't work up interest in anything. She didn't have the push to do anything. If she had the push, she thinks she would commit suicide. If the future were merely an extension of the present, then it would not be worth living for. She was expressing a deep despair when she began to pull herself together again. There would be some hope if she could change herself. She began to feel that maybe she did have the possibility for changing.

During a pause in this working through of feeling, I wondered about the time. Taking out my watch, I discovered that it was six-thirty and that we had been together for an hour and a half. I put my watch on the desk and asked her, "How much more time do you want?" She didn't answer. The watch sounded loud ticking away, so I put it back in my pocket. We went on until about seven, when I began to feel weak and wasn't following her very well. I said this to her and she looked up at me like a scared rabbit. She smiled in a forced way and began putting on her coat as if preparing to leave. I said, "You looked frightened when I suggested it might be time to stop." She nodded. I said, "Almost as if you thought I was rejecting you then." She said, "Yes, that's what it looked like to me." Then she pulled her coat together over her chest. Her hands clenched strongly on the coat and she started to stare at the wall. Her eyes got red but no tears came. She began to tremble. I did not understand what was happening and said, "It seems as if the feelings you have now are making you afraid." She just nodded without looking at me. Her trembling and staring went on for about eight minutes. Then she stood up in front of me. I asked her if she wanted to go home. She looked at me, smiled again in a mechanical fashion and shook her head "no." Then she began wringing her hands, staring at the wall and shaking all over. From time to time her body would lean toward me and then lean away. My heart was beating like a trip hammer. I didn't understand what was happening to her. I was afraid that she might be going into a psychotic break. After about ten minutes of throbbing silence, I said, "It's hard for me to understand what you are feeling." Then she said that she was looking at the lambs on the wall, the faces of the lambs. (There was a flower print on the wall.) "They have two eyes. One is a mean eye and the other is a kind eye. I see the faces of my mother and my grandmother. They are telling me to control myself and I hate them."

When I have previously presented this material orally, I have usually stopped at this point and asked for the impressions of others as to what, precisely, was going on here. Even a group of laymen will come through with a fairly accurate appraisal. They will see, first of all, the thinly veiled seductiveness of the client: her avowed loneliness and vagueness about when she needs to leave. When the therapist tries to force the latter issue, Joan looked frightened, hurt--and he interprets this, probably quite correctly, as indicating a feeling on Joan's part of being "rejected." Clearly the counselor had rejected Joan as regards any sexual advances that she may have been making to him. With the situation thus clarified and "restructured," things began to happen. Almost immediately, "she pulled her coat together over her chest. Her hands clenched strongly on the coat and she started to stare at the wall." Presently she stood up in front of the therapist and physically acted-out her

conflict by alternatively leaning toward and away from him. Then she hallucinated. Eyes are a proverbial symbol of authority and conscience, and Joan reflects her ambivalence toward them by seeing one of the eyes of each lamb's face as good, one bad. Then Joan sees the faces of her mother and grandmother-- faces, so to say, which were "behind" conscience. "They are telling me to control myself and I hate them." The fact that moral authority had here been internalized but not assimilated is thus apparent; and it is noteworthy that such authority is depicted as exclusively female--there is no fatherly face here.

Having thus paused the better to grasp this rapidly moving and dramatic scene, we now return to the counselor's narrative.

I told her I was puzzled. Then I said, "I wonder if you are saying--in part you like yourself, in part you don't like yourself." She said, "No. It's other people's reactions to me. They partly like me and partly don't like me." She said that one of the eyes was covered over with wool. I said, "I wonder if you are saying that if people really knew you-- could see the real you--that they would not like you." She said, "Yes."

In between these times when we talked together, she was still standing, trembling, wringing her hands and staring at the wall. Then she began to tell me, in a very circuitous way, about her relationship with her father. She started out by saying that when she was thirteen years old, she had seen the divorce papers of her parents. In those papers it said that her father had not wanted her before she was born. Then she went on to describe her father's attitude toward her and after many hints told me about having had incestuous relations with her father. She described this as the experience which has made her dirty, no good, horrible.

She had been standing and shaking for half an hour but having brought out this report of incest, she sat down and relaxed. She looked at me while she talked, really seeing me for the first time since she had stood up and described how this experience had affected every part of her life. She had never told this to anyone before. She felt she could not tell her mother or her grandmother. Even with her father, she pretends that it had never happened and he never mentions it. She no longer has sex relations with him but when she visits him (her parents are separated) she takes along a friend to protect herself.

When it was about eight o'clock, I found I was again beginning to get hungry. I said, "Well, I'm beginning to get weak again." She said "You know, I've got a headache and I'm hungry. I'm

just all worn out and I really haven't much more to say today. But I couldn't tell you. I couldn't suggest that we stop." It developed that she was afraid that that would be rejecting me.

Again it takes no special intuitiveness to see what had occurred here. Joan had come to the interview conflicted between the possibility of admitting the incestuous relationship with her father and of replicating it, with the counselor. What she would have actually done had the counselor gone along with the first possibility we can only conjecture--first of all because this is not what happened and secondly because, if it had, there would have been no record of the case, or at least not one voluntarily supplied by the counselor! But the mystery is still not completely solved. Why does Joan have to single out this particular man? Surely there were both more appropriate and more accessible sex objects in even her impoverished social environment than this obviously older, presumably married, and professionally responsible individual. Actually, the very paradox provides the key. Joan arranged this Saturday-afternoon tryst with the counselor, not because she was sexually starved, but because she was morally oppressed; and if she could have seduced this father figure, as she had her original, biological father, she would have won at least a transitory, though ultimately bogus, moral victory of considerable magnitude.

Certainly it was no accident that her father's face was not among those staring out at Joan from the wall--and from the past. As a father he was dead--and Joan had helped kill him. Having with Joan's cooperation irreparably disgraced and disqualified himself for this role, he could no longer "face" her. But the mother and the grandmother had not been so effectively disposed of; and although Joan hated them, they gave her no rest. So on this fateful Saturday afternoon, Joan came not awooing in any usual sense of that term, but rather with confused and mixed intentions of confession and "murder." But her possible victim was this time immune to her devices. When confronted by a hardly mistakable sexual invitation, all he did was to talk about how weak and hungry he was feeling! And he was right in perceiving that Joan, or at least a part of her, did "feel rejected." This time Joan had met her match; this father was incorruptable. And she had the courage and character to make the most of it: to him she then confessed. She had "tried" him, and he had qualified for this different role.

There is only a little more to the counselor's account.

He concludes by asking a series of questions:

What part did the handling of time play in this interview? Did the indecisiveness of the therapist lead to a seductive interplay which aroused transference reactions, helping to precipitate the temporary psychotic break? If so, how should this be evaluated therapeutically? Would a firm initial definition

of limits by the therapist have cut off the possibility of the intensive catharsis which occurred during the last hour?

The therapist interpreted the client's hallucinatory thoughts in terms of her attitudes toward her self and her relationships with other people. What would have been the effect of merely reflecting the ideas which she was verbalizing? What would have been the effect of interpreting her behavior in terms of a transference neurosis?

Although the counselor seems to have had a good intuitive grasp of the situation and handled it well, he was so pre-occupied, apparently, with questions of "technique" that he was consciously blinded to the deeper significance of what really transpired. After Joan said, "But I couldn't tell you /and/ I couldn't suggest that we stop," his comment is: "It developed that she was afraid that that would be rejecting me." Surely something far more profound was going on here than any such terminology would imply; and it is with precisely this Something More that we are here mainly concerned.

III. Is Confession Enough? The Problem of Expiation

Despite the Biblical exhortation that an honest confession is good for the soul, there is reason to doubt that its benefit is unconditional and necessarily enduring; and one wonders how much, in the long run, was really accomplished in the episode we have just reviewed. Immediately thereafter Joan, to be sure, felt vastly relieved; but was she "cured"? What guarantee was there, really, that her guilt could be generally assuaged--or, indeed, that she would not again resort to the very behavior which had already caused her so much inner discomfort? The author of the Dick Tracy theory puts the problem well by asking, What good does it do to confess your past errors to someone who is going to be as secretive about them as you have been? This, he goes on to say, is not the way for a person to achieve social redefinition of personality and true redemption. Just as the offense has been against society--that is, against the laws of man and God--so, one might argue, the confession and forgiveness ("acceptance") must be as broad as the sin itself.

Another one of the "critical incidents" collected by Corsini and Standal bears quite directly upon this question. Here a married woman consults a psychiatrist with complaints of depression and obsessive thoughts that she might injure her young daughter. After desultory talk (during the course of several interviews) had revealed nothing but an exemplary life, the psychiatrist confronted the patient, almost roughly, with the logical incongruity between her symptoms and what she had told him about herself. With great effort, there was then admission of a surprising and particularly degrading perversion; but there was no dramatic therapeutic gain. In fact, the report ends with

a comment by the psychiatrist to the effect that the patient is "still in treatment."

One is therefore prompted to wonder what would happen, in situations of this kind, if the confession took a more "public" form. Fortunately we have something of an answer in a case which has been briefly reported by Dr. Anton Boisen (1957). He Says:

The patient in question was a man of thirty-eight years who was brought to the hospital in a severely agitated condition. He thought he had committed the unpardonable sin and that something was going to happen to his wife and children. He would not, therefore, let them out of his sight. He thought a world war was impending and when asked what part he was to have in this war, he replied, "A little child shall lead them." Obviously, he was the little child.

The record of his life was that of a well-meaning, friendly, likeable person who before his marriage, and even afterward, had been sexually promiscuous. What troubled him most was an affair with a woman some ten years older than himself, clearly a mother substitute. There had been two abortions, for which he was responsible. She had died of carcinoma. He blamed himself for her death and the disturbance began shortly thereafter.

The first symptom was heavy drinking. This continued until he lost his job. Following this, he suffered a depression and stopped drinking. Then he developed the idea that the Odd Fellows were out to get him because he had violated the oath he took when he joined them. For several months he was obsessed with ideas of persecution. He reached the point where he went to the police with a request for a permit to carry a gun in order to protect himself from his enemies. He then became finally so disturbed that he confessed to his wife, telling her of his sexual transgressions.

This confession she took in good spirit, but in spite of that fact he became more and more agitated. The idea came that something was going to happen to her and that he had to carry the weight of the world on his small shoulders. Commitment then became necessary. In the hospital he showed intense anxiety. He was sure of only one thing, that things were not what they seemed. He was also deeply aroused religiously. It is not necessary for our purpose to recount his subsequent history beyond reporting that within a couple of months he made an excellent recovery and now, after nearly thirty years

there has been no further trouble. He is at present a successful contractor and his family is prosperous and happy.

After noting that this man's guilt was real and grievous, Boisen then asks:

Why now the increased agitation following the confession to his wife? Such a question is in order. The answer is clear. The emotional disturbance was not the result but the precondition of the confession. In his normal state of mind confession would have been impossible. But the profound emotion forced the confession, just as nature's healing power produces a boil or an abscess and then lets the poison matter out. In this case, as in others of the type, the disturbance brought about a certain degree of socialization. It got rid of pretense and hypocrisy and put the sufferer in position to be accepted for what he really was. And if it took some time for this powerful emotion to subside, that is hardly to be wondered at" (pp. 5-6, italics added).

All this is eminently reasonable, but does it not overlook another possibility? Voluntary confession of a legal crime may soften the ensuing punishment, but it does not abrogate it. So, may we not assume that confession of an immorality likewise does not end the matter? In Dr. Boisen's case I conjecture that the period of hospitalization was dynamically necessitated by the confession. This man, probably with human beings generally in like situations, felt that accounts could not be righted until he had, as we often say, "taken his medicine" and paid for his past misdeeds. Can it be that we do not properly perceive this function of the mental hospital and hospitalization?

Does mere confession of a legal crime absolve one from all further responsibility or punishment? Suppose that 10 years ago I committed a murder and was never caught or even suspected. But as time passes, my own knowledge of the act becomes increasingly oppressive and I finally go to the local police and say: "You remember a man by the name of Joe Smith who was mysteriously murdered a few years ago. Well, I thought you might just like to know that I killed him." What would then happen? Would the police say?, "How very interesting! We often wondered what happened to that fellow. Drop in again sometime." Obviously not! I would be taken into custody, would have to stand trial, and, if formally convicted, would be sentenced to what was deemed appropriate punishment.

Now is the moral law less demanding than the civil and criminal codes? Does conscience have less rectitude than a court? Unless we can answer this question affirmatively, it follows that in the moral realm, no less than in law, confession is not enough and must be accompanied by restitution. This

possibility has been generally neglected in our time and may account for widespread confusion and misdirected therapeutic and redemptive effort. Psychologists and psychiatrists have stressed the importance of "insight" rather than personal guilt and repentance; and even the church has preached what Dietrich Bonhoeffer (1948) has called the doctrine of "cheap grace," which he holds is no grace at all.

So can it be that, lacking formal (institutional) recognition of the need for atonement following sin, modern men and women commonly make use, unconsciously, of the stigma, disgrace, and suffering connected with being "crazy and hospitalized? Dr. Boisen (1936) has referred to the insane as the self-condemned; and to this we might add that they are also the self-sentenced. Depression is manifestly a form of self-inflicted suffering; and it has often been suspected that the reason why electro-convulsive shock "treatment" may speed the recovery of depressed persons is that it aids the work of self-punishment. Certainly it is not un instructive that even untreated depression tends to run its course," that the prospect of recovery from any one "attack" is always good but that recurrences are statistically likely (hence the diagnosis of "cyclothymia"). Therefore, a depression looks very much like an act of "serving time," comparable to what happens in those other places of penance (or penitentiaries) where legally convicted offenders are sent. In both instances, when one has "paid his debt to society" he is again free (of prison in the one case, of depression in the other); and the question of whether an individual will have one or more later depressions or will be "cured" depends (in much the same way as does the reformatory action of prison) upon whether he has really "connected" crime and punishment.

But what of schizophrenia? Here the likelihood of "spontaneous remission" (getting "out," being "free") is not nearly so great; and many students of the problem have been led to suspect a deeper malignancy here--tainted heredity, disordered metabolism, or the like. Can it be that Tim Wilkins is right, that schizophrenia is no less a moral disorder than is depression but that in the one case the individual is still running, hiding, denying, whereas in the other the individual at least unconsciously admits his wrong and accepts the justice of suffering? In the Boisen case--which had such a favorable outcome--we have an individual who showed an admixture of depressive and schizoid reactions; and apparently much depends, with respect to recovery, upon whether one or the other gains the ascendancy. As Dr. Boisen has elsewhere (1936) pointed out, those persons who react to personality crisis by becoming resentful and bitter and who blame others rather than themselves are well on the way to a permanently paranoid adjustment, with a very poor prognosis. But when the individual can blame himself and see his predicament as one for which he is largely responsible and which he can do something toward changing, the prospects of recovery--and personal transformation--

are much brighter.

Toward which of these courses is would-be therapeutic endeavor usually directed? How often we have tried to get the neurotic or psychotic (sinful?) individual to see his difficulties as stemming from sources outside his own ego or self--from a too strict superego, from unreasonable, tyrannical parents, or from a "sick society"! And how often we have perhaps thus unwittingly pushed the individual in the very direction that leads to destruction rather than salvation!

At mid-twentieth century, perhaps secular psychotherapy has already rediscovered one ancient religious truth and is on the verge of discovering another. Perhaps one of the reasons why classical psychoanalysis, with its cardinal emphasis upon "free association," so often makes a painful and productive start and then tails off into years of dull and unprofitable talk is that it does not help the analysand move from free association (confession) on to atonement, except to the extent that the financial sacrifice which analysis usually entails provides it in at least temporary or "symptomatic" form. Perhaps the next half century will be well spent if we do nothing more than learn how, once again, to make use of meaningful and effective restitution as a regular and expected concomitant of confession (cf. the book of Leviticus, in the Old Testament). Perhaps there are both individually and socially more constructive forms of self-punishment and atonement than incarceration in a mental hospital.²

²Since the above was written, the author has learned of a book now in preparation, under the editorship of Dr. Albert Eglash, which will bear the title, Creative restitution: Guidance and rehabilitation of offenders. Although concerned mainly with the reclamation of legally defined criminals, this book may have important implications for the mentally ill as well--if they, too, are "offenders." The fact that, in the case of criminals, confession or at least "conviction" has already occurred might seem to make the total task of rehabilitation easier here than with the mentally ill; but, being self-condemned, may, for this reason, have potentialities which at least the criminal psychopath is commonly supposed to lack. Also, as an emendation to what has been said in this paper, it should be added that there is no intimation here that the particular "crimes" to which the mentally ill confess have necessarily occurred. As Tim Wilkins observes (in a part of his paper which is not reproduced here), a trivial or even non-existent act may be reported and stressed to "cover" the real misdeed (cf. Stafford, 1950; Mowrer, 1953; Fliess,). Some psychiatrists are of the opinion that the latter is a mistake even to encourage (or even permit) a psychotic individual to talk about the evil acts he has committed, on the assumption that even though he may start with valid reports he will soon progress to imaginary "crimes" and thus become increasingly delusional and disoriented. Two considerations are pertinent here: (a) If a therapist took the patient's first report of

wrong-doing seriously and immediately started thinking with the patient about a plan of restitution (instead of dismissing it as unimportant), perhaps the patient would not need to compound his real sins with fabricated ones; and (b) if a patient starts with a fabrication, might it not be profitable to suggest that he try to return to a less dramatic but more tangible and real action that may have generated guilt?

References

- Anonymous. 1958. A new theory of schizophrenia. J. Ab. & Soc. Psychol., 57, 226-236.
- Boisen, A. T. 1936. Exploration of the inner world. New York: Harper & Bros.
1952. The genesis and significance of mystical identification in cases of mental disorder. Psychiatry, 15, 287-296.
1958. Religious experience and psychological conflict. Amer. psychol., 13, 568-570.
- Bonhoeffer, D. 1948. The cost of discipleship. New York: The Macmillan Co.
- Freud, S. 1935. Autobiography. New York: W. W. Norton & Co.
- Hoch, P., & Polatin, P. 1949. Pseudoneurotic forms of schizophrenia. Psychiat. Quart., 23, 248-276.
- Menninger, K. 1959. Personal communication.
- Mowrer, O. H. 1948. Learning theory and the neurotic paradox. Amer. J. Orthopsychiat., 18, 571-610.
1950. Learning theory and personality dynamics. New York: Ronald Press co.
1959. Psychotherapy and the problem of values in historical perspective, or The Devil and psychopathology. (To be published.)
1959. Changing conceptions of the unconscious. J. nerv. & ment. diseases (in press).
- Runestam, A. 1932 (republished in 1958). Psychoanalysis and Christianity. Rock Island, Ill.: Augustana Press.
- Standal, S. W., & Corsini, R. J. 1959. Critical incidents in psychotherapy. New York: Prentice-Hall.
- Stekel, W. 1938. Technique of analytical psychotherapy. New York: Liveright.

REACTION OF A THEOLOGIAN

Rev. John R. Staat

As a minister my first reaction to this presentation is that what we have heard sounds like a psychologist using a theological vocabulary and terminology. While the word guilt may be common to other disciplines the use of the four words guilt, confession, expiation and atonement together, are basically theological in nature. There is, however, the problem of semantics which enters into the picture. Guilt, Confession, Atonement, and Expiation may mean one thing for the psychologist but something entirely different for the theologian. It is at this point that clarification is of the utmost importance.

In bringing my reaction to this paper I would like to make the observation, first of all, that it is very encouraging to note the shift that is taking place in psychological theory. To shift from a position which sought to level the ideals and standards to the individual taste for a more objective and honest estimate of moral responsibility is heartening indeed. Many ministers have long suspected that behind many distortions of behaviour are the misdeeds and sins of the individual. While Dr. Mowrer clarifies one point in saying that he is dealing with the functional aspects in this paper, one would need some clarification of the assumption that all the emotional illness is caused by personal sins.

The theologian does make a distinction between sin and sins. Evidently Dr. Mowrer is not dealing with the sin question or the problem of evil in its broad perspective. I think he is referring to specific sins of the individual and their effect upon mental health. We must raise the question whether all mental illness as expressed in the functional neuroses and psychoses is due to personal sin.

One is reminded of the words of Jesus in the miracle of the man who was born blind. His disciples were working under the same basic assumption when they asked, "who sinned this man or his parents?" The answer of Jesus was that neither of them had committed a sin or sins which were directly responsible for this man's blindness. It is at this point that we need some clarification. Are we to assume from this paper that all functional mental illness is due to the personal sins of the individual? Is it not true that this can be said only in specific instances? Does this rule out psychosomatic conditions? The broad generalization can be

made that distortion in human personality as well as sickness in his biological make-up are due to the curse of sin upon the race. Yet evidently in this story, recorded in the Gospels, the individual responsibility was missing. No doubt one could go on to say that had there been no sin in the world nor the accumulation of it through the centuries, the effects of sin in a people, such as this blindness, would not have taken place. I wonder whether we need to exercise the same caution when dealing with mental illness? The generalization that all emotional illness is due to sin is true when we accept the cumulative effects of sin in the culture and in the race. One has serious questions regarding the idea that all emotional illness, or the functional distortions of personality, are in every instance due to personal sin or guilt.

As Dr. Mowrer has pointed out we have come thru an era in which the whole concept of guilt was treated as something that should be minimized and leveled down. Guilt feelings were excused as the results of bad training or a poor cultural or social situation. Most ministers would agree that very often behind the guilt feelings or the so called "guilt complex" in all it's distortion, lies real guilt or sin. In many psychological case histories the real guilt is often camouflaged by unrealistic or fictional deeds. From behind this facade, more often than not, must come the confession of some transgression which became too oppressive for the individual to bear. If this concept of real guilt is adopted widely a great deal of cooperation can take place between the minister and the psychiatrist. If we take sin seriously in cooperative efforts then theology has some real contributions to make.

The third reaction I would like to make is that we are in agreement with our speaker that often a confession of guilt is inadequate. The shibboleth, "an honest confession is good for the soul," is not strictly Biblical. The idea that it is a good and necessary thing to confess one's sins is certainly inherent in the message of Scripture. On the other hand, the Bible does not indicate that simple confession will eliminate the feeling of guilt. There are pre-requisites first of all for a good confession. Psychology seems to sense this too in the theory that is being advanced today. A confession must be first of all a sincere confession. It can never be a simple expedient way of escaping responsibility. One is reminded of the story of the prodigal son. The turning point in his life came in that text which reads, "and he came to himself." It is this coming to grips with himself, and in sincerity working out a course of action including confession, that makes possible the readjustment in which the prodigal son finds healing. Up to that point he may have had regrets, and he may even have confessed verbally some of his misdeeds. It was not until what Paul calls Godly sorrow and true repentance takes place that he makes this confession, and because he is sincere he follows a course of action which brings about his redemption and restoration. The laws of the Old Testament, the exhortations of the prophets, and the teachings of Jesus regarding the man who brings a gift to the altar with an uncon-

fessed sin in his heart against his brother, all indicate that the simple rehearsal of one's misdeeds is never enough. There must be a sincerity of heart that affects the direction of life. When this is part of the confession, then, theologically or Biblically we have a good confession.

The last observation we make is in regards to expiation and atonement. This brings up an interesting field of inquiry for the theologian. When the psychologist speaks of expiation and atonement what does he mean? Does he mean that the individual must undo the evil that he has done and make restitution in time? The next question is, is this really ever possible? Even if a man has returned let us say, the ten dollars he has stolen, does this undo the anxiety, the grief, and the harm that has been caused to the other person? In theology atonement must be more complete than restoration. Furthermore the atonement cannot be performed by the individual. The individual may restore or try to make good what he has damaged or hurt. But the full restoration of forgiveness lies outside himself. If the sin or the offense is against society and against the laws of man and God then atonement must be more complete than what has been presented to us in this paper. A Holy God Who is Sovereign cannot deal lightly with sin.

As a theologian, to assume that a person is healed and made whole when he has restored the ten dollars without knowing a real change of heart and experiencing a redemptive atonement at the hands of God is like healing the skin over an infection. It may look well temporarily but basically it is a volatile spot of corruption. The healing and restoration of David gives us the key to it. If the fifty-first psalm is his psalm of confession, we find that in spite of the fact that his sin has been against persons such as Uriah, Bathsheba, and the child who dies, as well as the army, his general and the subjects of his kingdom, he goes a step beyond this for restoration and knows that his sins or misdeeds were against God. It is here that he must find healing and atonement. In the words of the psalms he says, "against thee and thee only have I sinned and done this evil in thy sight." This means that the suggestion that has been made here this morning goes far deeper than atonement on a personal level.

Atonement and expiation as advanced here this morning from the minister's view-point should not be confused with the atonement and expiation or forgiveness that is needed by the individual from God. A true confession embodies the sincerity of heart and a change in the course of life which is indicative of a true desire for healing and forgiveness. Some consequences of evil misdeed cannot be avoided. In other instances there must be restoration according to the Biblical injunctions. And then there must be the consciousness of the admonition of Jesus who when He had forgiven He added these words, "go and sin no more." When we add to this the idea that the individual must be rightly related to God for full and complete atonement and healing of his sin we may be forced to reconsider carefully again the contributions of

Dr. Jung to modern psychotherapy and the need to help modern man in search of his soul to find full restoration and healing in a right relationship to his Creator as a creature.

It seems that the healing that Dr. Mowrer speaks of is basically one on the horizontal dimension of life, that is, in person to person relationships. This is good and necessary. Yet to use theological terminology is somewhat confusing to the theologian who sees man as a creature of God, fallen and estranged from the Creator by sin, and in need of a redemption which he cannot accomplish in himself, but for which the Grace of God provides complete atonement and forgiveness.

REACTIONS OF A PSYCHOLOGIST

Mr. R. J. Bijkerk

First of all I want to express my sincere appreciation for the fact that Dr. Mowrer made available to me a copy of his address, which greatly facilitated the formulation of my reactions to his views. Furthermore: the personal address by Mowrer enlivened the written information greatly, and helped to increase insight into his viewpoint.

As to the content of Dr. Mowrer's address: I want to make very explicit that I can only share wholeheartedly Dr. Mowrer's concern with the ineffectiveness of the present churches as well as with the ineffectiveness of modern psychotherapy in dealing with the problems of guilt and guilt-feelings in mentally unbalanced individuals.

I want it to be understood that it is only within the framework of this agreement with Dr. Mowrer's initial starting-point, that I feel I must take issue with him on some points, which I furthermore do mainly for purposes of helping a discussion to get under way.

If I then collect my reactions to Dr. Mowrer's views, I find myself, curiously enough, defending both Freud and the orthodox Church, both of whom Mowrer criticises rather severely.

With regard to Freud: I agree with Dr. Mowrer, that the freudian explanation of guilt as a purely psychological phenomenon, a malfunctioning, merely the outcome of a repressing of the Id by the Super-ego, - I agree with Mowrer that this explanation is not correct, and that in neuroses there is real guilt. However, I feel that Mowrer takes an extreme standpoint, when he asserts that there is never any guilt that can be understood in terms of purely psychological functions. Mowrer states that in all neurosis the basic disturbance is: real guilt, or expressing it in psychological terms: a repression of Conscience, rather than a repression of the Id. It seems to me that the matter of guilt is so extremely complicated, just because Freud discovered a partial truth: It still seems to me that in some cases of neurotic problems the involved struggle with guiltfeelings is indeed a matter of psychological functions, a matter of too strong and too immature an Super-ego, repressing too viscerously and unrealistically the Id. (I use these terms for the sake of comprehensibility, not because I believe that they denote the issues best, semantically speaking.)

I would like to maintain that Freud did not construct his observations. And perhaps it was so that in Freud's cases,

in his time and cultural setting, the majority of neurotic guilt problems were indeed a matter mostly of Super-ego versus Id. In any case I can not go along with Dr. Mowrer when he wants to view all neurosis and psychosis as basically involving a real guilt. I feel that there are imaginary (psychological) as well as real (ethical) forms of guilt. Imaginary guilt is "unreal", stems from an internal conflict between psychological functions. Real guilt involves an objective criterium of an ultra-psychological, moral, nature. These different forms of guilt require a different form of treatment to effect a cure. Imaginary guilt I regard as exhaustively curable through "insight" into the internal psychological processes. Through insight the imaginary guilt is shown up for what it is: a product of the imagination, not a "reality", not a really ethical issue, but a matter of immaturity of the personality.

Real guilt however can not be erased through psychological insight. This problem now leads me to a discussion of Dr. Mowrer's views on expiation and his views on the orthodox doctrines of protestantism.

Again: I agree with Mowrer that real guilt is an ethical issue and that it can be dealt with only at the level of religious-ethical treatment.

Dr. Mowrer mentions that for the religious individual too often an easy way out is sought in the doctrine of grace: the individual confesses his sin to God and that's that. In this way a doctrine of "cheap grace" is effected. Mowrer wants to emphasize the importance of active horizontal, that is: interpersonal, atonement and expiation.

Once more: I agree that many individuals indeed try to escape the horizontal problem of guilt by emphasizing the vertical relationship. But I do not believe that this defeats in any way the orthodox doctrine of grace with respect to guilt. The church does not teach that vertical confession is sufficient. The doctrine in fact makes no separation at all between the vertical and the horizontal aspects of the command to love: the summary of commandments as given by Christ is explicit enough in this respect. For the guilty man it is not over and done with when he confesses to God and receives forgiveness. It changes him and it effects his interpersonal relationships as intensively as it effects his inner religious life; that is: if the confession was a real one.

It is in this context that Dr. Mowrer statement: "Man acts himself into sin, he must act himself out of it", goes too far in my opinion. For the Christian, it seems to me, the basic problem remains: There is real guilt and nothing whatever I do or try can erase or undo the stark fact of that guilt. For the Christian this is a condition, a characteristic, of reality. The Christian will go on and say that it was just because of this condition of reality that God broke through into reality and gave Christ to the World. This however does not exempt the Christian from the obligation to perform active acts of atonement, or to put it plainly: to do good works.

The paradox that is the essential core of Christian living seems to me to be, with respect to the problem of guilt and atonement:

Man acts himself into sin, he has the obligation to act himself out of it, but he does not have the power or capacity to really effect redemption by himself.

To summarize my reactions of Dr. Mowrer's address: I believe that he carries two good things too far: his reaction to Freud's psychologism carries Mowrer's to an exclusively moralistic evaluation of mental illness, which I think will turn out theoretically as well as practically to be untenable; his reaction to individual misuse of the orthodox concept of guilt and redemption through Grace forces Mowrer into a view of man which claims man to be of an auto-redemptive stature, a view of man which seems to me to be too extreme.

I want to emphasize once again however that I am greatly indebted to Dr. Mowrer for his penetrating analysis of both the freudian misuse of psychological explanation and the all too human misuse of the Christian concept of divine redemption, both of which degrade Divinity as well as Its Image.

REACTIONS OF A PSYCHIATRIST

Dr. W. H. Rooks

For many years now I think many of us have found ourselves at first enthusiastic about certain psychoanalytic concepts, then have wondered about the implications of the "self-expression" viewpoint and at last we had decided that perhaps we were being brain-washed by what Zilboorg choosed to call scientistics. It was this, I'm certain, that did much to provoke the organization of this group. It was rather refreshing to some of us, already years ago, to hear Dr. Gregory Zilboorg suggesting that one need not throw out moral concepts while accepting, with careful discernment, the valuable discoveries expressed in the psychoanalytic viewpoint. However, with the more recent changes in the thinking of certain psychoanalytic schools and in the newer methods of the more organically-minded psychiatrists it occurred me that what had been re-garded as "progress" was actually not so much progress as it was a reappraisal of what had been expressed centuries ago. The "Know Thyself" was not new, only re-emphasized; "belongingness" had been expressed at Heidelberg as the basic Christian desire and one of the chief criteria for comfort. And "guilt" was again coming to its own, so to speak, in fact becoming so important that in one address, I believe by Broch Chisolm, we were told that one had to get rid of "sin". Certainly this was a commendable thought "get rid of sin". However, closer scrutiny of the further amplifications of this theme showed this to be another example of what some of us feared, or actually knew existed. It seemed that man, even in his profession, was somehow afraid to face - in fact was escaping - truth. Basically it seemed that even psychiatry was suffering a neurosis, a fight or flight situation.

So I'm glad Mr. Moderator that we're discussing this subject of guilt today, and that we've had such a worthy main speaker.

In preparing this discussion I consulted a Merriam-Webster Collegiate Dictionary. I found the word "guilt". It followed immediately the word "guillotine". Of course the reason for this adjacency of the two words was only a lexical one, a matter of letter sequence. There is, however, a much more deeply rooted relationship between the words "guilt" and "guillotine", bearing in mind that the word "guillotine" refers to an instrument used for beheading--for cutting off.

From the earliest times this basic relationship has obtained in the world. This law, namely-guilt-cut-offness, guilt-separation, guilt-rejection, and guilt-alonement. It was Adam's experience

and that of Lucifer before him. It was the principle thrust of the Mosaic laws, as suggested too by the principal speaker of today. How often one reads, "He shall be cut off", "He is unclean", and equally frequently "And the Priest shall make atonement for his sin and he shall be forgiven", "The Priest shall pronounce him clean", "I am the Lord, your God". It was also the theme of the Psalmist, for instance, in Psalm 51, "I know my transgression", "Against Thee, Thee only have I sinned", "Thou desireth truth in the inward being", "Cast me not away from Thy presence", "Long have I known from Thy testimonies that Thou hast founded them forever". And the epitome of this law in history was found in the crucifixion of Jesus Christ, the Son of God, the Son of man - God forsaken. And it is also declared to be the basic concept of Reformed or Christian doctrine.

The law, as expressed, was just this - and it was not given arbitrarily, but rather revelationally. Man had been made to live by such a law. I know he was made good and was without sin, guilt, or anxiety before the fall; but given the opportunity to live responsibly with the possibility of sinning, there was also created in him that which would be necessary to bring him back to God. Let us say that God could have let man just die ignorantly - but he was not so created. Rather he was created so that should he sin he would feel guilt, and the cut-offness, the alonement, which could be corrected only by atonement - and this, in turn, establishing again the at-one-ment. To this extent man becomes a participant, through an act of receptivity, to the glory of God.

Just as the Psalmist says, in so many ways, in Psalm 119. This is a logical sequence, an inseparable, an indestructible, an eternal sequence.

But one must bear in mind that this sequence has to do with man's relationship to God. This is a covenant and if one relates himself through this sequence to Jehovah he will find, ultimately, a comfort, a belongingness, an acceptance - the contentment of which St. Paul speaks; the oneness which one must have in Christ who is at one with the Father; This is the one authoritative being upon whom all are dependent, to whom all are in subjection, to whom all are responsible - personally responsible, individually responsible. Had man accepted this relationship, this original norm, he would have lived; but having in essence refused to accept it he is, in principle at least, rejecting God. As certain viewpoints attempt to point out, even by atheists - he forsook God, he killed off the Father person, the authoritative being. He therefore becomes a participant in the next steps of the sequence - either destructively by refusing, rather defiantly, to accept the authoritative aspects of this sequence, or, in contritely accepting this sequence- even those aspects which speak of the "Eye for an eye", and the "Tooth for a tooth". This "Lex Talionis" of the Old Testament was fulfilled in the New Testament with God forsaking the second Adam, the seed of the woman, the son of man on the cross, even as man had forsaken

God in the paradise fall. Whether the thought is original or even a good one I don't know but I hardly can avoid mentioning here that the rite of circumcision, meant for covenant children, consists in a "cutting-off". It was as if Jehovah said, "you are my chosen people, I am giving you a constant reminder of your cut-off-ness. This is the blessing of the covenant, that you know your state of rejection apart from my grace.

Guilt is real. It is preceded by a real transgression. It is followed by a real cut-offness, which is corrected by atonement and this leads to comfort. Let us put this into an equation, T^t plus G^g plus R^r plus A^a equals C^c . Let us say that the Capital letters represent transgression, guilt, rejection, atonement, and comfort, of an absolute, eternal proportion and that the small letters, the exponent, are the personal element - that which is temporal. Any alteration of any one part of the equation will require some other alteration. Such alteration, for instance, as the meaning of transgression - Who is God, what is the authoritative figure in one's life? Is there a transgression of deed, or omission, wish or urge, attitude, recapitulation of a past transgression - or just what is the transgression.

Is the guilt an active emotion-filled sense of violation or is it purely an intellectual one - is it remorse, hurt pride, a feeling of disappointment, the experience of failure, the lack of attainment to some temporal, or earth-bound, goal; is the guilt colorless (I'm thinking of a Tabo-paretic who sees his feet burning, before a fire-place, and comments, "I smell flesh burning", but makes no effort to remove his feet.)

Is the rejection real from the outside, or is it from within one's self- is the rejection projected delusionally or suspiciously? Is it actually due to abnormal conditioning so that perhaps one feels rejected if they have anything less than a prima donna recognition.

And this matter of atonement. What can I do? - as suggested in the Speaker's address. Hospital confinement, the discomfort of shock treatment, the suicidal attempt, are frequently methods of "atonement".

And last, but not least, what is the real meaning of comfort - that is, capital C. If one completely replaces capital C with a small c then any capital letter on the left side of the equation is not only unnecessary but a very disturbing thing. I fear that our culture today, in fact the culture of all ages since Adam's fall, is constantly manipulating and re-arranging these elements of the equation because he is unwilling to accept the capital C in the right side of the equation. That is to say we are guilty of attempting to alter the basic elements of the formula. Frankly I feel that even we, in our sincere efforts to be scientific, forget that we are conditioned by a whole human history of error. We hardly know when we have truth, it is so strange, so simple, so uncomplicated, so unpseudoscientific.

As an added comment I believe one must have somehow experienced a feeling of belongingness, acceptance, attachment, through parental or other love expressions, in order to sense the meaning of guilt. That is, one can't be responsible to nothing - one can't really be cut-off from nothing. If there is no experience of, and therefore no sense of responsibility to an interested, loving, protective being then guilt is not going to develop because there is no real transgression and there will be no feeling of cut-offness. If there is an inherited sense of guilt from the fall I should think such unattached guilt would create a feeling of non-specific, or undirected or misdirected, hostility against anything and everything - even the slightest irritation. Certainly the "Know Thyself" includes recognition of this fact too.

A further comment - guilt, be it so-called real guilt or any other kind with anxiety, is the object of so much of our therapy today. And to the extent that we neglect the formula or equation that I've proposed by concentrating too much on one part at the expense of the other we're going to get no-where. We, in doing this, I believe, become guilty of corporate or professional guilt in that we escape or deny the truth. We are, in a way, neurotic ourselves in creating an unrealistic goal and straining almost compulsively to attain to it. A practical demonstration of this is the use of such therapeutic instruments which threaten the patient's ability to adequately assume his God-given, human responsibility and his ability to develop a sense of guilt. Walter Freeman, for instance, has said that his lobotomized patients do not know, or can not think, of any personal fault.

In connection with the finding of a real cause of guilt I would like to use two simple illustrations. One is that of the needle in the hay-stack. We don't know how big, or how little, the needle is - we can't be certain that it is even a steel needle - it might possibly be a pine needle. But no-one will deny that it frequently is a very big hay-stack and every day it's getting larger. A second illustration concerns a surgical patient who was a victim of post-encephalitic Parkinsonism with a typical "wolf-wolf" habit. But this time the patient had symptoms of perforation, or some other similar upper abdominal pathology. And X-ray examination revealed a large darning needle in the lower part of the stomach and this was removed by surgery. Three days later the patient died. Autopsy revealed a very small pin-shaped metallic object in the wall of the duodenum. It was the cause of the perforation. On reviewing the X-ray films we saw that we had missed this almost insignificant shadow which could easily have been interpreted as a scratch or artifact. You see the darning needle was so obvious. When man, who is prone to hate God and his neighbor, filled with evil (totally depraved) almost possessed, at least partly, by the father of lies, when he would almost deny before God his sin, even as Father Adam attempted to avoid his responsibility in the eating of the forbidden fruit when confronted by God, then I believe it is almost an act of temerity to say

that a guilt feeling is really not guilt.

Mr. Moderator, I'm glad that someone with academic stature, research facilities, and a Christian viewpoint has had the courage to become vocal in this matter of guilt. So much has been written and said, but always it seems with the thought of simply getting rid of guilt, even to a point of denying its existence. If anything is unpleasant - deny it, escape it, believe it's a delusion, a myth, a misconception; believe anything to get rid of guilt. Guilt has such sinful connotations and implications. It is so self, or even culturally, incriminating. It is so humiliating, so inferiorizing. Get rid of it by sociology, heredity, environment; analyze it, tranquilize it, alcoholize it, lobotomize it - anything to get rid of it, even destroy the word "sin", even destroy God. You see we're right back to Adam, and then I would ask - Is this progress? I heard a psychologist say once "The great joy is to wander, hand in hand, with another in total darkness." "Oh to be back to the darkness and protective fluids of intrauterine life, no conscience, no conscious guilt there" - or even in the primordial days when earth was still waste and void, all water, totally dark. What a philosophy. This is schizophrenia in its worst form in action. This is the great lie of our time. Actually it seems that man really does prefer darkness rather than light. Is it that we have guilt because we have light? Perhaps not all of the light, but enough to create a lot of shadows. Freud was almost right, it seems, about one thing when he said that the higher our culture the greater the guilt, the greater the anxiety. How often do we thank God for a guilt feeling, and an anxiety, the rite of cut-offness.

In conclusion let me quote from the first letter of St. John: "for God desireth truth in the inward parts, "Beloved do not believe every spirit but test the spirit to see whether they are of God, for many false prophets have gone into the world". You know the chapter on the love of God, etc., "no fear in love" and what is the last verse? Shouting, oh so loudly, because of its seemingly anticlimactic position, - "Children keep yourselves from idols."

REACTIONS OF A SOCIAL WORKER

Mr. David de Waal Malefyt

It is an honor and privilege to have been able to spend some time reviewing our speaker's paper and to appear on this panel today. I feel somewhat like the hungry person facing a smorgasbord table, not knowing which particular items to put on my plate after hearing Dr. Mowrer's presentation this morning. I am convinced, however, that his presentation is going to stimulate thought, and that each one of us will leave this Conference having gained much.

As a social worker, I felt it might be advantageous for us to use the functional approach and look directly at the helping process when an individual voluntarily seeks help from a therapist.

(1) An individual seeking help has admitted to himself that something is amiss in his present situation. The "status quo" is not completely satisfactory.

(2) It means that an outside person is allowed to take a part of your life and that you permit this person to know you and that the therapist is in the position to offer guidance and direction.

(3) This process implies risking the known for an unseen, longed for state or condition.*

As you perhaps have observed the correspondence between what is implicit in voluntarily seeking help, Dr. Mowrer's ideas about guilt, confession, and expiation, and the Calvinistic concepts of sin, redemption, and gratitude is striking.

The question which comes to my mind and one which has been posed at other conferences is a basic one - have we too long been attempting to understand and treat men on the man-man level and thereby completely ignored factors in the God man relationship which may be of immeasurable aid to us. I do not mean to suggest that the process of spiritual redemption and that which transpires when an individual seeks help from a Christian therapist are identical. On the other hand, we perhaps have feared looking at the similarities between these two

*Social Casework Volume XLI " " "SOME NOTES ON THEOLOGY AND SOCIAL WORK" by Allen Keith Lucas, Ph. D.

processes, not wanting to give the impression that we are in the position of "playing God". We may, however, be already using these concepts in our practice but because different word symbols are used we do not recognize it. Let me illustrate.

A person seeking a saving relationship with God (a desire for a changed life) must make a commitment to a personal God. Prior to this, he recognizes that he, of himself, cannot redeem himself. In a similar fashion does Dr. Mowrer's paper suggest that in order for a client to benefit from treatment he must recognize that something is wrong with his present state (sin, or guilt)? Must he then commit (confession) himself to a therapist in order to change his present condition? Patently, by committing in this sense I mean submitting only a part of his life to a human helper for a limited time and purpose recognizing that the person providing the help is imperfect and that he has the opportunity to assert his own integrity (Christian liberty?). Does then this commitment, confession, or empathy, represent the redemptive process for the specific problem?

Does this mean then that the expiation as described by Dr. Mowrer is not a part of the redemptive process but rather the conscious expression of the changed individual? (The immediate result of treatment rather than a distinct aspect of the treatment process?)

The client must, in my opinion, if he is to benefit from the treatment offered, assume full responsibility for the reasons which led to the development of his present situation. An exception to this is the child who is not in the legal or social position to assume this responsibility. This too, relates directly to the Christian concept of sin. It is an accepted axiom among social workers that individuals react not only to inner needs and past experiences but also to present value systems and social situations. The role of the social worker then is not only to help the individual adjust to himself but also to improve social relationships, and adjust to social and personal values.

If the subcultural values are askew; if prostitution and sexual promiscuity are the way of life, how can we then create real guilt? If pregnancies out of wedlock are completely accepted, how can we help the unmarried parent think meaningfully about future planning for herself and her child? How can we create real guilt in this situation if this is a requirement for rehabilitation? On the other hand, if guilt is created, is this then a false guilt? Must such a person confess her sins before society as well as God to make atonement? Is it then a requirement for her to keep her child and thereby exhibit before society her atonement? Does this then put the therapist in the position of being judgmental?

I agree with Dr. Mowrer then that the present philosophy underlying the psychoanalytical movement has not been as effective as each one of us would like to see it. Although Dr. Mowrer's theoretical framework appears to be applicable in those situations which he cited, can it, with reservation, be applied to every case which comes to our attention?

REACTIONS OF AN EDUCATOR

Rev. G. R. Youngs

There is beyond doubt some correlation between the processes of psychotherapy and the processes of education in that both depend in a measure upon the human capacity of learning and the factors associated with it. In fact there might be a good field for further study by this Association in this very area. However intriguing this should be, our purpose is quite other - nor is it our particular purpose in this paper to question in depth the validity of the constructs advanced by Dr. Mowrer - but a number of questions do present themselves. These we shall outline briefly, since space forbids any extensive examination.

If we understand Mowrer correctly he asserts that the etiologic factor in neurosis and functional psychosis is an anxiety created by the consciousness of guilt. The emotion of guilt in turn is activated by the awareness of a violation of conscience, either real or imaginary. Therefore insight is not enough, there must be also confession, contrition, and expiation to achieve true mental health. As far as contemporary psychological theory and the practice of psychotherapy are concerned this represents a radical divergence from the prevalent naturalism or even the so-called Christian therapists who have yielded fully to the disease concept of neurosis and psychosis. It is a far cry also from that school of education which would see in man only the unfolding of growth forces which innately turn toward good. As Christians we have known that in the Bible is the key to what man fundamentally is, and the key as well to the basic disharmonies of his existence. We are grateful that Dr. Mowrer reminds us of this, and grateful too that his therapy is essentially a religious therapy. Mowrer has chosen to reflect on the work of Boisen and Stekel as supportive of his main contentions, but I am sure he knows well that there are many others, notably Van Buskirk, Baker, Johnson, Nuttin, VanderVeldt and Gasson.

The question to which I wish to address myself is whether the basic proposition advanced by Mowrer can be directly transferred to the field of education, and if so, in what sense. It would seem evident that in so far as the student is a human being that the propositions advanced by Mowrer would apply, and therefore ought to be considered seriously by those responsible for guidance in the school system. Where students give evidence of neurotic and psychotic behavior or tendencies, it might be possible at an early age to counsel in such a way as to prevent later difficulty. Here it would be necessary, of course, to

make sure by skillful diagnosis that the deviate behavior or tendencies were not caused by defects other than functional. Let us assume the situation of a student who is just not doing his work though mental tests reveal adequate capacity intellectually. If other tests reveal no physical incapacity, organic disease, or infectious causation, may we then assume this to be neurotic behavior as a cover for some unconfessed sin or sins of conscience? I would suspect that in general we have rather taken such behavior to be itself sinful and thus perhaps have missed a line of inquiry that could be much more fruitful. The facts are that too large a number of such students have been simply dismissed from school as lazy or just sinners. It would seem, at least, that in Mowrer's suggestion of the basic cause of neurosis there are lines that could be profitably followed in the school situation as well.

In the situation suggested above we have a learning problem that is based on a personality difficulty which is functional in nature. It might be that such an individual has difficulty with parents, his peers at school, or work outside of school. But the only real connection with the school situation is that he happens to be in school, and this becomes the arena in which he works out his conflict. This is fundamentally a personality problem and would probably occur whatever the locale might happen to be, provided the guilt was present. We see no direct connection between Mowrer's thesis and the process of education as such. Only insofar as personality difficulty can impede the learning process does it have any bearing at all.

When we consider that education must deal with human nature, then the structure of that nature becomes germane to education. Thus if man is considered innately good and society is responsible for the evils in him, one program of education will result. If man is considered as fundamentally evil there will be another program of education. If man be considered as a bi-polar entity, in whom is both good and evil, still a different program of education results. Therefore what Dr. Mowrer has to tell us has direct bearing upon the program and processes of education. If, as he says, man sins against conscience - and he advances much clinical and logical argument to show that this is a good answer for many cases of neurosis - then we must in some way account for the fact of sin and the fact of conscience. This is the task of the theologian. It is sufficient for our purpose that clinical experience and evidence make real the functional presence in human life of sin and conscience.

It has been the clinical experience of this commentator that there is much merit in Mowrer's propositions. The case of a woman forty years of age comes to mind. Raised in a rather suppressed fashion with little evidence of parental love, she found solace in a series of men, both in and outside of marriage, having had sexual relations as early as age 15. When brought to our attention she had problems with eating, using toilet facilities, smoking a cigaret that had touched anything save her lips, and was in fear of doing damage to her children. Examination revealed many other fears as well, but

also the fact that the symptoms that brought her in for consultation were disproportionate to the facts revealed. Then came the story above - and the revelation that divorce and remarriage barred her from the rites of her church. In therapy she was referred to a study of selected passages of the Bible, to the necessity of doing services constructive to her fellow men. It can not be said as yet that conversion has occurred but there has been definite tension and symptom reduction. There is hope that when the client goes all the way in confession and expiation that full healing will come. We could call to mind many other cases where quite independently we have come to conclusions similar to those of Mowrer - but space and time forbid.

If then, sin, conscience, and guilt are real factors in the production of anxiety and neurosis, they must be looked upon as real elements in the nature of man. I take it that this is a correlate of what Mowrer says about neurosis formation, since he in his paper explicitly denies the social formation theory such as that of Rogers. The locus of difficulty is to be located in human nature itself. This raises two questions it seems to me, and probably they will be answered before this conference is over. First, is there not some danger that we may oversimplify the source of difficulty in human nature. Can we so simply turn to guilt and its consequent anxiety as etiologic in cases of functional psychoses and neuroses? Perhaps we can. But is it not frequently true that emotions are complexly paired so that we have anxiety and hate, guilt and fear? Second, may it not be in therapy that confession, contrition, and expiation are not yet enough either? In fact, ought we not consider that proper goals are essential to mental health, that we can not overlook the fact that there are constructive elements in human nature also? The danger in focussing upon sin and guilt is that we pass by the positive. Jesus not only said, "Your sins are forgiven," but also, "Neither do I condemn thee, go and sin no more."

So too, as far as education is concerned, I make bold to say that while we must be concerned with the eradication of that which is wrong in human nature, there is only a onesided education if we neglect to build constructively. We need to remember that it is good to be forgiven, but the Biblical way to fight evil is the substitution of the good. "Overcome not evil with evil, but overcome evil with good." Certainly it was not the intention of Professor Mowrer to present us here with a full scale theoretical construct of human nature, and my remarks only intend to remind us in therapy and education that he has given us a remarkable grounding with respect to the phenomena of neuroses as they apply to these fields.

It is my conviction that his construction presents an insight of unusual simplicity and clarity that is or should be of great helpfulness in analyzing certain behavior problems that present themselves in education and therapy. In particular I feel that as Christian educators and psychologists he has well served us by pointing out that the sin involved may indeed be other than the presenting phenomenon. The current misbehavior,

the lack of proper production, the neurotic symptoms may be there because of conscience alerted to some unconfessed sin. And therefore our task as educators and therapists may be twofold; the proper management of the guilt situation, and the establishment of a way of life under the grace of God that is preventive of recurrence or similar fault. But I also feel that we should be on our guard lest we become so conscious of the negative aspects of personality that we lose track of the presence of the positive factors found in the Imago Dei.

AN EXPERIENCES OF GUILT,

OBSERVED BY A PASTOR

Dr. Leonard Greenway

The case I shall describe was a fairly complicated one. At least, it seemed so to me at the time I dealt with it. That is one reason why I chose it for this presentation. Another reason is that it occurred during the earlier period of my ministry before I had undertaken any special study of pastoral psychology. and before I had sufficient pastoral experience to enjoy a little measure of self-confidence in dealing with a matter like this one. I still recall the disturbances in my own soul, the repeated prayers for wisdom and guidance, and the cautious gropings for a clear passage through the difficulty. These gropings, by the way, are not in every instance obviated by God's gift of wisdom and guidance. I have learned through the years, and not always submissively, that God sometimes gives light only as we grope. The flashes of illumination must be seen in the darkness where we are feeling our way. I offer this observation to any counselor who may be fascinated by the suggestion, often found in superficial literature on the subject of counseling, that prayer by itself provides rapid transit to performance. A few weeks ago a waitress in a local restaurant unburdened herself to me about a spiritual problem which has been causing her considerable distress. She had been to a counselor who summarily prescribed prayer. "Pray hard", he said, "and if no help comes, pray harder". Not to discount the great importance of prayer, the fact is that this girl needs more than that. She is a devout Christian. She knows how to pray. But her feeling of guilt persists. The counselor whom she consulted failed to observe that here is a case which actually suffers from over-simplification, a case where prayer must be accompanied with sympathetic and sustained therapy. Bergsten, in his Pastoral Psychology, writes, "The experience of guilt usually brings with it every sign of serious mental crisis: a tornado of confused thought, feelings and impulses through which the personality needs quiet, wise and careful guidance. The task of the Christian director of souls is a very responsible one" (p.154).

The case that I shall now present involved a married man in one of my former congregations to whom we shall give the name, Robert Van. For some weeks I had noticed that he appeared ill and disturbed. He did not participate in congregational singing. He avoided me at the church door when I greeted the worshippers. One evening I stopped at his home for a chat and

casually inquired about his health. He was evasive in his replies. His wife, Pauline, who was present for part of the visit, appeared strangely aloof. A few days later, Robert unexpectedly came to the manse. He was obviously distressed, and at first quite unable to express himself coherently. He told me his wife had left him and had taken separate residence in a local apartment. The separation had occurred after he had accused her of infidelity. On what grounds? Strange dreams he had been having in which he saw his wife dispose of an unwanted baby through an adoption agency. What should he do?

My question was, What should I do? An accusation based upon dreams! I had never dealt with a matter like that. I recalled that somewhere in my files I had a few reading notes on Jung's "Shadow Self" which is supposed to display itself in dreams. Should I look up those notes? No, I took a different course. I moved in upon Robert with a broadside of rebuke. I lectured him on the ridiculousness of the thing and pontifically exhorted him to go to his wife and beg her forgiveness. It never for a moment occurred to me that Robert was concealing something behind this fantasy and that he might be made willing to divulge the true state of affairs through a careful and sympathetic procedure of counseling. He refused to go to his wife, but instead asked me to see her, which I promptly refused to do. I was solemnly sure that he should make the next move.

About an hour after he left he telephoned me and asked whether he might see me the next day. He had more to tell me. When he came the next day, he appeared to be heavily sedated. He told me he had been to his physician for medication. He was now prepared to tell the whole story. He said he had lied to me the day before. His account of the dreams was untrue. He had had no dreams like that. He said that he had been unfaithful to his wife. The girl with whom he was involved no longer was in the city. She had gone to St. Louis, Missouri. His wife, on learning of this affair, had left him. I suggested that we meditate for a little while on some passages of Scripture that were relevant to his confession of sin, but at this point our conversation became extremely difficult. Robert was uncontrollable in his emotional outbursts, and left my home abruptly.

The next day I visited him in his home. He was fairly composed and asked me to read portions of Scripture from which he might draw assurance that God was willing to forgive him. Hardly had I begun, when he interrupted me with a startling statement to the effect that I would be shocked if I knew what went on in my congregation. I asked him to explain. He began to weep, and asked me to leave. He wanted to be alone.

At this point I decided that a visit with Pauline was the next thing in order. But by a strange coincidence, before I could arrange the visit her parents phoned me and requested that I stay out of the case. They were sure everything would turn out all right. Pauline and Robert were having some domestic troubles which they must settle by themselves.

Several weeks passed. My visits with Robert were fruitless. He remained at home most of the time under medical care. Repeatedly he told me that he had ruined his life and that there was no forgiveness for him.

One evening a friend of Pauline's parents came to see me. This visit provided the first real clue to the solution of this distressful problem. I learned that when Robert and Pauline were married they left the city immediately after the ceremony and took residence in St. Louis, Missouri for about six months. The friend who supplied me with this information also remarked that Robert and Pauline had not had a happy married life and that following their return to their home city Robert had often told his in-laws that he wanted to go back to St. Louis. The disapproved of this, as did also Pauline.

With this information things began to add up. St. Louis, Missouri, apparently was some kind of key to the understanding of this confused situation. I recalled that the girl with whom Robert had had illicit relations had gone to St. Louis. Then there was that remark of Robert to the effect that I would be shocked if I knew what was going on among some of the members of my congregation. It was becoming clearer to me that the whole story had not been told. Was it possible that Robert's alleged affair with this girl was as much a lie as his account of those strange dreams? Why were Pauline and her parents so opposed to his return to St. Louis?

Something had to be done soon. Robert's physician had phoned me to express his concern about the patient. There had been threats of suicide. The physician felt it was more a spiritual problem than a medical one and that perhaps some kind of institutional care should be considered, if the case was too much for ordinary pastoral counseling. The pressure was on me more than ever. Gautama was under the "Bo Tree" when his great enlightenment came. Where could I find such a tree? Where had I failed? There had been much prayer, much reading of Scripture, much conversation.

Then one night the enlightenment came, -in the living room of Robert Van's home. He was a pitiable sight, -pale, unshaven, trembling. Suddenly it came to me that I did not really know this man. I had never inquired about his childhood, his early home life, his parents and brothers and sisters. I cannot describe the feeling of mortification that swept over me when I realized that there was no real rapport' between Robert and myself. I had been dealing parenthetically with a segment of his life and had done so more or less professionally. I had never made him feel that I was genuinely interested in him as a person. I had given him the right texts and had observed all the proprieties of pastoral decorum so that he never had become angry with me. But neither had he become confidential with me, -at least not in a truthful and open-hearted way. No wonder I had gotten nowhere with him.

So I began to ask about his childhood, his family antecedents,

his school days. His response to this new approach was most favorable. In fact he appeared eager to reminisce. Only a question now and then was required to keep him talking. He spoke affectionately of his parents and particularly of his mother who had been a godly woman with strong Puritanic traits. How she had warned her children about the sinful ways in which so many young people become enmeshed! Under what circumstances had he become acquainted with Pauline? He hesitated only a moment, and then quietly told me that it had been a rather hurried courtship. The marriage was a private one in the living room of their pastor's home. My next question - "you lived in St. Louis, Missouri, for a while, did you not?". Robert rose from his chair, walked to a bookcase in the corner of the room, then turned to me and said, "Yes, that is where our baby was born".

Now I had the true story. It had been a forced marriage. Pauline's parents arranged the private ceremony, and to protect the family name insisted that the couple leave the city. The announcement given to the friends of the family was that Robert had been offered a good position in St. Louis, Missouri. There the baby was born and given to an adoption agency. Robert never approved of this procedure. He had wanted to keep the baby. The story he had told me about the girl with whom he had had improper relations and who had gone to St. Louis was, of course, untrue. Pauline was the one with whom he had sinned. She had felt no compunction about it. The adoption procedure was a great relief to her. That was her only concern. She resented the troubled conscience of her husband, and so did her parents. Meanwhile Robert not only struggled with his own conscience, but also tried vicariously to bear what should have been a burden on Pauline's conscience. As a young man he had idealized for himself a wife who would be like his virtuous, God-fearing mother. His pre-marital sin with Pauline temporarily defaced the ideal. But he had hopes that Pauline would parallel her repentance with his so that the ideal might in some way be restored. When she failed to do this, he tried to make himself accountable both for himself and Pauline. He felt that only in this way could he honor the memory of his esteemed mother.

The counseling procedure from here on was relatively easy. Robert had to be shown that his vicarious struggles were both psychologically impossible and spiritually unnecessary. The root of his problem and distress lay in the imagined tribunal over which his mother had been presiding for some years. Robert kept projecting himself into that courtroom and he tried to take Pauline with him. When it became clear to him that he was answerable not to his mother but to God, and that in the confessional he had to appear for himself, as Pauline had to appear for herself, he responded readily to the Scriptural assurances of absolution.

AN EXPERIENCE OF GUILT,

OBSERVED BY A TEACHER

Mr. Harvey Ribbens

At the level of task orientation the educator is concerned with the child as totality. As a result the educators view of the child will determine how this child will function in the educational atmosphere.

In observing students in the classroom situation one confronts guilt in basically one form and that is in the area of cheating. This may appear in the form of dishonesty in a test or any other assignment. However the other forms one are cheating in terms of truth, time, talent, and responsibility.

If it is regarded that cheating is sin, and that in a sense sin is cheating- that is in so far that it is a failure on the part of the individual to fulfill his moral responsibility to God and his fellow man. Then it seems to me that the role of the teacher is one of creating an atmosphere for teaching values in terms of moral responsibility. The student must not only be aware of right and wrong but must be so sensitive to this that his conscience will dictate to him the proper course of action.

Recently it was brought to the attention of our school that something should be done about the reportedly gross amount of cheating going on. Faculty discussions were carried on with the consensus of opinion being; since cheating is sin it should not be condoned at our school. From this discussion a committee was appointed to look into the matter further with the mandate to draw up a formal statement for students and teachers regarding the schools policy on cheating.

While this committee was at work the students were polled on this matter. The students were requested to express their views on cheating as to its prevalence, form and suggested recommendations to alleviate the problem.

In looking over the responses about their opinions regarding prevalence the students suggested in the main that cheating was evident in 20 to 30 per cent of the classes. Some were found at both extremes of, "I haven't seen any, to," I think it is as high as 90 percent." The form which cheating took, according to the students varied from the premeditated carrying in of information to a complex system of signalling

responses to objective-type tests. In both of these areas the opinions of the students showed a wide range of ideas and opinions. In the last category of suggested remedies there was a remarkable degree of unanimity. If one is to curb cheating the penalty should be much stiffer; it should be punishment, failure, dropping from the course, or even to be expelled from school.

So a statement of policy was drawn up for both students and teachers. In summary the students were reminded of their obligation to be honest and if they failed in this and they were dishonest that which bears the mark of dishonesty would be graded with a zero. Again this is a statement for the students; and the teacher is alerted to cheating, to being more careful in giving tests, to be more diligent in patrolling and to discourage or make cheating relatively impossible. What has been done? Some of these warnings may be in order but this fails to get at the root of the matter.

When the student gets caught cheating the teacher is given either a battery of excuses or a bold denial. So often the students are well aware that cheating is wrong and admit they do it anyway. The student's sensitivity to right and wrong should be such that the student volitionally desists from cheating. Too often the student knows intellectually right from wrong but does not experientially know right from wrong. It resolves itself into a system of values imposed from without. The home demands good grades and good grades are necessary to get into college- college is desirable and I want to go to college. So often one finds the guilt feelings of cheating are secondary to feelings about poor grades.

Thinking in terms of the teeter totter of behavior where the credits for right behavior keep the balance in a healthy mental state, one sees the teacher some where along the line giving guidance to the student and teaching him to be sensitive to right and wrong. It seems to me that the home and church should enter the area of preventative education and through this means should keep the cumulative level of misdeeds down so that the child can maintain a healthy mental state.

The adolescent experiences feelings of guilt, rage and helplessness and this must be viewed as a waste of precious life time. They need rules, demands, and parental attitudes which will save them from intense guilt.

If the child is taught to be sensitive to right and wrong then we can agree with C.B. Eavy in Principles for Mental Health for Christian Living p.252 "We are guilty but God forgives confesses sin. Once we have accepted our guilt, confesses our sin, made restitution where necessary and possible we should gladly and unrestrainedly let go of all feelings of guilt."

In summary the school, the church, and the home should all work toward the moral development of the child so that the climate is established in which the child can grow and mature as mentally healthy, and morally responsible individuals.

SEMINAR OF PASTORS

Rev. Theodore Jansma

The theme of the convention, "Guilt in the Christian Perspective", is one of great concern to pastors. In addition, the thesis of the main address, which emphasized the connection between sin and neurosis, made the conference doubly significant for its pastor members. The pastors' seminar was, therefore, a lively one and a number of important questions were raised.

Appreciation was expressed for the emphasis on sin, confession, atonement, expiation, and other concepts familiar to theology. But there was also concern about the frame of reference in which these words were used in conference papers and discussions. The feeling was expressed that these words were used too much in a horizontal dimension of man's relation to man and not enough in the vertical dimension of man's relation to God. Wholeness, health, salvation, and the therapeutic process to this goal must embrace man in both dimensions as an interpersonal being and as a creature and image bearer of God, so that he can fulfill the purpose of his being, viz. to love God and his neighbor.

It was pointed out that the worship services of our Reformed and conservative churches usually included therapeutic elements of confession, atonement, expiation, in sermons, the use of the decalogue, biblical statements of absolution, hymns and prayers of contrition, etc.

The thesis of the main address with its emphasis on the relation between sin and neurosis provoked discussion on several questions - Should psychiatrists make more referrals to ministers? Is the minister in an unfortunate dual role as preacher and counselor, as representative of the authoritative Word and as an accepting counselor? Should elders serve more in the role of "disciplinarian" so that pastors can be more free as counselors? How much should a pastor probe into the sins of his counselee?

It was felt that the conference had been stimulating and fruitful, and that the guest lecturer had opened up areas for thought and discussion at future meetings.

SEMINAR OF PSYCHOLOGISTS

AND

PSYCHIATRISTS

Mr. Theodore Monsma

The discussion of the above professional workers consisted of two phases, a practical and a theoretical phase. In the practical phase a wide variety of relevant questions were raised. As it concerns Dr. Mowrer's recommendation to discard the classical Freudian notion of guilt feelings some workers wondered whether the individuality of patients should receive careful study which might result in a formulation of Freud's basic ideas and that if real guilt feelings can be displaced, there is the theoretical possibility that neurotic guilt of which Freud speaks can also be displaced. In connection with the latter type of displacement one discussant noted the various kinds of disguises of neurotic guilt frequently imbedded in a struggle with authority, e.g., fighting in the name of principle; having a deep emotional investment in presenting oneself as a victim; superficial psychopathic-like behavior in a context of open or subtle rebellion; denial of self interest; and an apparent deference to high moral standards, and a tendency to invite punishment, as it were. Along the same lines and in respect to the unique factors of each case one worker voiced the importance of perceiving a constellation of symptoms rather than focusing attention upon the guilt aspect alone.

Throughout the discussion it was evident that many participants subscribed to the general idea that guilt feelings can be products of psychological processes and conflicts as well as effects of actual sin or transgression of some moral code or standard. Whether the term, sin, in such instances refers to something specific or merely, for example, to dishonesty and deceit with oneself and others--an attitudinal dimension -- would seem dependent upon the particular case.

Some participants stated that in working through process of guilt feelings the patient's or client's confession may indeed be a necessary component, thus supporting Dr. Mowrer's position, as well as those who find Scriptural support for the same. Others, however, suggested that confession is not an essential requirement for successful therapy and cited personal clinical experiences for support of their position. One wonders whether the former position assumes by and large the existence of real guilt feelings and the latter neurotic, irrational, or "unreal" guilt feelings. Regardless, one

participant made this complex problem of guilt feelings more difficult by introducing the situation whereby real guilt may be dependent upon the cultural perspective. Thus, an adolescent who, for example, violates the moral code of maladjusted parents may have real guilt as far as the parents are concerned, but not in respect to the expectations of society. In therapy such an individual may receive little help if confession is required.

The second phase of discussion was primarily concerned with a provocative suggestion that this conference was witness to three different views of man: the Christian, the classical Freudian, and Dr. Mowrer's viewpoint, a sort of semihumanistic approach, perhaps lying between the other two views. It was pointed out by the same speaker that man is subject not only to natural and psychological laws determining behavior, permitting the development of irrational guilt feelings, but also subject to spiritual laws. These latter laws, according to the speaker, did not receive sufficient emphasis in Dr. Mowrer's presentation. This objection, prompted by a scholarly concern, was acknowledged by others and by this reporter in his verbal summary to the conference participants. It was suggested, however, that such an objection and similar suggestions against Mowrer's position may very well be premature, inasmuch as Dr. Mowrer is still in the process of defining and redefining his terms. Moreover, this reporter can now state in fairness to Dr. Mowrer that he rightly pleads not only for empirical studies in this area of guilt feelings but also for those concerned to remain task oriented, meeting the human need where it is without making a premature "closure" or a priori, theoretical Gestalten. It would seem necessary in view of the above that in the future appropriate opportunities should be developed for determining the assumptions which support task oriented positions.

SEMINAR OF TEACHERS

Mr. Harvey Ribbens

The aspects of guilt and guilt feelings as they involve the classroom teacher were discussed by the teachers present at the convention.

One of the questions discussed was how guilt feelings cause difficulty in the classroom. Guilt feelings can set up tensions in the digestive system or general discomfort to the pupil. Many of the difficulties experienced by the pupil are not easily traced to a cause or set of causes. Often times the student is unaware of the cause of his difficulty.

Shame and guilt can effect the child's physically and emotionally in the school situation. The teacher should be alert to patterns of behavior. One must attempt to find out if the child's reaction is due to a physical condition. Another good precaution is to examine the classroom situation and see if it isn't something within the learning situation that is the source of the behavior difficulty. Frequently, for example, on the elementary level the teacher is so engrossed in the learning process that the teacher is not alert to behavior patterns.

The problem of the teacher's role relative to therapy was also discussed. It was suggested that the teacher avoid rejection of the child and open up possibilities for further help. There should be no attempt to categorize the student, but the teacher should make a referral to the properly qualified personnel.

There are instances of real guilt and there are times when there is guilt without sin. One of the situations may be the result of misbehavior in direct violation of the Moral Law while there are instances of violating standards which have been arbitrarily set up by a specific home. The teachers are confronted with students who come from homes where the standards of behavior range from a lax disciplined atmosphere to one of stringent 'don'ts'.

Finally discussed was the problem of home standards. Is it the teacher's prerogative to correct the home in wrong standards? We cannot change the parents' values because in the final analysis the children are wards of their parents. Maybe the teacher can suggest changes. The whole process of parental attitudes is a subject of further educating our parents; also better relationships should be established between the home and the school.

A UNITARY UNDERSTANDING OF HEALTH

Rev. E. Alan Richardson

During the brief history of our association, we have attempted to enrich our own understanding of man and our professional competence by sharing our perspectives, methods and goals with representatives of other healing disciplines. I believe I speak for all when I say that this effort has been both exciting and rewarding. It has also been difficult. We encountered what I have called the "linguistic barrier". The more specific and technical we became (i.e., the more we spoke from our professional centeredness), the more obscure and esoteric we were to others not immersed in the same system of thought. There is a vocational relativity in which we find our distinctiveness as professions but also, unfortunately, our isolation.

We need to find ways of bridging this unavoidable isolation through a linguistic gestalt which will be meaningful to all. Tonight I would like to attempt to do this in the limits of time with one concept which concerns us all--the concept of health.

The recent history of psychiatry and theology has seen two trends which make a unitary understanding of health a feasibility. Psychiatry is presently engaged in a revision of its nomenclature in the direction of simplification. A recent paper by Karl Menninger and his staff entitled, "The Unitary Concept of Mental Illness"¹ describes mental illness in four stages with emphasis on the disorganization of the psyche and the course of the illness. This is in sharp contrast to the classifications of psychiatry in other periods, e.g., the 18th century physician Boissier de Sauvages classified all disease into ten classes with two hundred-ninty-five genera and about two thousand, four hundred species. One of these classes concerned mental disease and divided into four orders and twenty-three genera. One genus, melancholia, was subdivided into fourteen species. This movement, then, toward simplification expresses a desire to respect the wholeness and the unity of man in illness and in health.

¹ Menninger, Ellenberger, Pruyser, Mayman, "The Unitary Concept of Mental Illness", Bulletin of the Menninger Clinic, January, 1958

Theology, on the other hand, in recent years has become more clinically and existentially oriented. Spiritual categories like guilt, forgiveness and salvation are derived from a pastoral setting where human beings are struggling with the issues of life. There is much more tentativeness and openness in these recent studies which recognize the contribution of other disciplines in the theological understanding of man. Of course, there is a sense in which the ivory-tower theologian is also struggling with the issues of life. But the significant change in theology is that the method of study has added a new direction and is now moving from the clinical data to the theoretical and doctrinal constructs.

The movement of psychiatry toward simplicity and the development of clinical concern in theology makes an important juncture at which to attempt a unitary concept of health.

We can only speak of health in relative and existentialist terms. Health has meaning only in relation to its opposite--disease. Our understanding of health develops as we see the distortions and the interruptions of the life process. Also, in describing health, our method is one of participation as well as observation.

Is there a way of circumscribing the concept of health in its various dimensions which will be both descriptive and normative? We may say that health is that process in which an integrated life goes beyond itself, separates from itself and returns to itself in a new integration for the purpose of its preservation and development. This is true at all levels of life. Involved in this process is a double jeopardy. Either the integrated life will go out too far, so far that it cannot return to itself in reintegration or it will be unable to go out through some obstruction of its life process. Whenever either the integrated life goes out so far that it cannot return to itself or it is unable to go out at all, disease is present.

William S. Cannon has given the name "homeostasis" to this life process. In a healthy organism there is a balance or regulation of various processes within the organism which maintains itself in a steady state. The difficulty which I find with this term is that it suggests a static quality to life and does not allow for novelty and change. The theoretical biologist, Ludwig Von Bertalanffy, has suggested "heterostasis" as a better word, a word that recognizes both stability and movement in the integrated life. I would concur. He also uses the concept "open system"; that is, life to be maintained must be organized in a balanced system, but it must be open to new experience.

Both "heterostasis" and "open system" point to the risk which life must take. So basic is this quality of risk that health and disease cannot be understood apart from it. Life has a drive toward risking itself in order to gain and the opposite drive not to risk itself in order to be preserved. The higher the form of life, the greater is the tension between these competing drives and the heavier is the weight of decision, whether it be conscious or unconscious choice.

There are several possible factors involved when the healthy organism becomes diseased. Seward Hiltner innumbrates four: defect, invasion, distortion and decision.² Defect may be seen, e.g., in congenital deformity, in idiocy and in original sin, or the innate tendency to use freedom in self-destruction. Invasion includes what Paul Tillich calls the "ambiguity of assimilation", or infectious diseases of various kinds. It would also include psychological invasion such as brain-washing or the relationship between a schizophrenogenic parent and a child. In this category I would also place some sextreme types of evangelistic preaching and witnessing. Distortion can come from "foot-binding or high heel, from too many calories or too few vitamins."³ It may also be described in what Tillich calls the "ambiguity of encounters". In the constant push and pull between life encounters there are an infinite number of different reactions, and accidents being caused by the presence of an outside force is one of them. Decision involves both the conscious and unconscious choice of illness over health. Freud's concept of a death instinct and Calvin's doctrine of total depravity are meaningful in this connection. It is here, too, that I find the rest of sin in its personal sense in disease. This is a considerable departure from a more blanket identification of sickness and sin.

Contact with the above-elaborated factors is an essential and unavoidable concomitant to health. To be born at all is to expose oneself to the traumata of birth including the possibility of defect. Assimilation of air, food and human association precipitates unavoidably the incorporation of infectious agents, some of which cannot be handled by the organism's defense mechanisms. Encounter between organisms eventuates in accidents at various levels from amputations to homicide. Whenever there are moral choices, whenever the self seeks to establish itself as a person, the tendency toward self-destruction is in operation.

The concept of health has to do with man in all his dimensions, for it must be assumed that man is a multi-dimensional unity and not a composite of various parts. Man is more than the sum of his parts and the parts have meaning only in relation to the whole. The division of man into segments of isolated fragments is one of the majors reasons for the conflict of professional functions, between religion and medicine, between art and science, between psychotherapy and pastoral care. Wherever man is present in one dimension of life he is potentially and at least partly present in all dimensions.

As a personal testimony I would say that my education came alive when I first saw this inter-relatedness of life under the teaching of Arthur W. Calhoun. Since then, I have become

2. Hiltner, Seward, Preface to Pastoral Theology, Abingdon Press, 1958, pp. 91, 92.

3. Ibid., p. 92

increasingly dissatisfied with any fragmentary tendency in theology. My concern to relate religion and medicine is also an expression of this understanding of the nature of man. Generally speaking, medicine has seen more clearly than religion that man cannot be understood in any dimension if he cannot be understood in all dimensions. Theology has been so jealous and protective of a narrow concept of soul that it has lost sight of the totality of meaning in the Biblical use of this word.

I have defined health as the process by which an integrated life goes beyond itself, separates from itself and returns to itself in a reintegration. There is a two-fold risk involved--that the self will go beyond its limits and not be able to return or that it will be obstructed in taking the risk to move at all. Using Hiltner's classification, we have noted four factors which produce a movement away from health to illness: defect, invasion, distortion and decision. Behind this circumspection of the meaning of health has been the view of man as a multi-dimensional unity whose various dimensions and perspectives are inter-related.

At this point let us examine this unitary concept of health in its various dimensions. There is what may be called the cellular dimensions. At a cellular level we can see the organism risking itself in the assimilation of nourishment and in the defense mechanisms of antibodies. But we also see the organism going too far beyond itself in cancerous or malignant growth which is a part of the organism but is not integrated in a mutual, life-giving way. Then, too, we find interruptions of the process of going out in resultant cellular atrophies.

The restoration of health at this level has been enormously increased through the development of surgical techniques where the outlaw cells are excised and a reintegration thus enabled. This, however, cannot be done without attention to other dimensions.

There is a chemical dimension. Health is a system of chemical balance in the organism. At times, however, there is an overproduction of chemical substances, a going beyond and not being able to return, in such cases as hyperthyroidism. There is also a chemical inability to move at a normal rate in, e.g., hormonal deficiencies such as pseudohermaphroditism. At this dimension the contribution of drug therapy has been magnificent. But again, this is never adequate in and of itself. These chemical processes occur in physiological systems. The whole being needs to be induced to respond to the organism's need. Dietary and environmental changes are indicated.

Here, however, another dimension must be considered--the psychological. This is the dimension of awareness, what Tillich calls the awareness of man's centeredness. More and more we are finding the inter-relatedness between physiological processes and psychological processes. The whole field of psychosomatic medicine has become the newest frontier in

medical research. I mention only in passing the pioneering work of Rene Dubois in the causal relationship between nutrition, emotion and infection. The psychological dimension is devoted to the understanding and care of the mentally ill. Mental illness involves two major types: 1. where the integrated self in risking itself goes too far beyond itself to return--the psychopathic and the sociopathic personalities, with the possible exception of drug addiction which belongs more properly in the second; 2. where the integrated self is afraid to risk itself and so retreats within the protective walls of the self--the psychoneurotics, the schizophrenics, the paranoid and particularly the catatonic paranoids as an extreme example of this direction. The physiological and the chemical dimensions are an important part in the restoration of health, both electric shock therapy and psychologic drugs. The major tool is psychotherapy in which the traumatized, the psychological invasions and the disbalance of urges and drives are overcome.

Psychotherapy is well aware of the limitations of individual therapy apart from restoration in the cultural dimension, what Fromm calls the "Sane Society". Cultural disease appears to be victim to the same dual danger--in going too far beyond itself in an effort to gain and in refusing to move at all. The former facet is found in anarchy, dictatorship, war and some forms of competition. The latter is found in reactionary movements, including some forms of nationalism. Even if the various Utopian movements were successful, it would not contain the restorative powers in itself alone.

Culture and history become understandable and tolerable only through the spiritual dimension, in a participation in life as the "determinate council and foreknowledge of God". Health in the spiritual dimension involves this same process of moving out beyond the integrated self and the return to the self in a new synthesis of the self in the Ground of its Being, "in Whom we live and move and have our being". The dual risk of distortion and disease may be seen in the spiritual dimension. Since the establishment of the Christian Church as described in the New Testament, the church has had to deal with two general classes of spiritual illness. There is the tendency to move out too far beyond the integrated self in licentiousness or concupiscence. There is also the opposite danger of not moving at all in legalism. The epistles to the Corinthians are concerned with the former and the book of Galatians with the latter. Calvinistic theology has stated most clearly that both forms of illness are an expression of a destructiveness which is a basic part of existential or fallen man. It seems a great tragedy to me that the Protestant church has laid such a distorted emphasis on licentiousness or concupiscence as the major expression of spiritual illness and has been legalism as a protective counter-agent. This view fails to see legalism as another and possibly more insidious form of spiritual ill-health. Fortunately the psychiatrists have gradually forced the church to remove its blinders to see that many of the psychoneuroses, the

shizophrenics and the paranoias are the result of relations with significant people with a character which may be described from the spiritual dimension as legalistic.

There is a certain autonomy in these various dimensions, but they are not absolute. A broken toe is the concern of the whole being only indirectly. The average person may not be sick in the psychological sense but may be quite disturbed in other dimensions. The religious zealot may be suffering from severe illness at another level.

Differentiation and specialization of function are characteristics of the highest forms of civilization, but their fulness is found only in their inter-relatedness. At times our tasks, our tools, our goals seem far apart, and yet as we look more deeply we find that we are branches springing from a single root.

I began by pointing to the linguistic barrier. I wish to close by reminding you of a semantic union. The word which expresses the highest ideal of Christian work, "salvation", is rooted in Greek and Latin medical words. The word for "healer" in Greek and for "Savior", in Latin are semantically identical. Physician, social worker, educator, theologian, we are all concerned with bringing about the wholeness in man, we all struggle toward health both in ourselves and in those whom we seek to serve. We are wedded by history and by current aims. I hope that this presentation of a unitary understanding of health will offer some theoretical help for what is already a practical reality.

Acknowledgements:

In addition to the footnotes, I wish to specifically express my indebtedness to Seward Hiltner and Paul Tillich for their contributions to my thoughts on this subject.-

CONVENTION PROGRAM

TUESDAY, APRIL 5, 1960

8:30 - 9:30 A.M. Registration. Coffee - 2nd floor -
Seminary Bldg.

9:30 A.M. Opening of the Convention
Assembly Room, 2nd Floor - Sem. Bldg.
Rev. E. Alan Richardson, President

Devotions
Rev. W. J. Teeuwissen
Pastor, United Presbyterian Church,
Drayton Plains, Mich.

Welcome
Dr. William Spoelhof
President, Calvin College

10:00 - 11:00 A.M. Address
Dr. O. Hobart Mowrer
Prof. of Psychology, University of Illinois
"Guilt in the Christian Perspective."

11:00 - 11:10 A. M. Intermission

11:10 - 11:50 A. M. Discussion from the floor.

12:00 - 1:30 P. M. Luncheon - College Commons

1:30 - 3:00 P. M. Rev. H. Steele, presiding
Discussants take up the ideas of the
morning address.

Theologian - - - Rev. J. R. Staat
Psychologist - - Mr. R. Bykerk
Psychiatrist - - Dr. W. H. Rooks
Social Worker- - Mr. D. de Waal Malefyt
Educator - -- - Rev. G. R. Youngs

3:00 - 3:15 P.M. Coffee - College Commons.

3:15 - 4:30 P.M. Discussion from the floor.

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6:30 - 8:00 P.M. Banquet - College Commons.
Rev. H. Steele, presiding.
Group singing - Herbert Start, Song Leader

8:00 - 9:30 P.M. General Meeting.
Presidential Address
Rev. E. Alan Richardson

Discussion.

WEDNESDAY, APRIL 6, 1960

9:00 A.M.

Dr. John T. Daling, Presiding.

Devotions

Dr. B. H. Crewe, Pastor
St. Gabriels Episcopal Church,
East Detroit, Michigan

9:10 - 10:15 A.M.

Experiences of Guilt as Observed by -
A Pastor - Dr. L. Greenway
A Teacher - Mr. H. Ribbens
A Psychiatrist - Dr. D. Busby

10:15 - 10:30 A.M.

Coffee. College Commons.

10:30 - 11:15 A.M.

Discussion from the floor.

11:15 - 12:00 A.M.

Business Session of the Association.

12:00 - 1:30 P.M.

Luncheon - College Commons.

1:30 - 2:30 P.M.

Dr. R. L. Moses, presiding
Seminars on the theme of the Convention

Pastors Rev. A. Brink, presiding.

Psychologist and psychiatrist
Dr. N. L. Peterson, presiding.

Teachers Mr. J. Split, presiding.

2:30 - 2:45 P.M.

Coffee - College Commons.

2:45 - 4:30 P.M.

Reports from seminars and general discussion.

4:30 P.M.

Adjourn.

PERSONALIA

Rev. Arnold Brink

A.B. - Calvin College
Th.B. - Calvin Seminary
Graduate study - Calvin Seminary and Garrit Institute
Pastor : Burton Heights Christian Reformed Church
Grand Rapids, Michigan

D. Busby, M.D.

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Roe Bykerk

Doctorandus - Free University, Netherlands
Visiting Instructor in Psychology - Calvin College
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David de Waal Malefyt

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Rev. Leonard Greenway

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A.B. - Calvin College

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Medical Director and Psychiatrist:

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James Split

A.B. - University of Michigan

A.M. - Wayne State University

Director: Children's Retreat and Training School.

Grand Rapids, Michigan

Rev. J. R. Staat

A.B. - North Central College

B. D. - Bethany Biblical Seminary

Th.M. - Winona Lake School of Theology

Pastor: Second Reformed Church, Grand Haven, Mich.

Rev. G. R. Youngs

A.B. - Calvin College

Th.B. - Calvin Seminary

M.A. - Michigan State University

Ed.D. - Loyola University (degree to be received
in May, 1960)

Principal: Timothy Christian High School, Cicero, Ill.

CHRISTIAN ASSOCIATION FOR PSYCHOLOGICAL STUDIES

Minutes of the Business Session of the
Association, Wednesday, April 6, 1960.

1. The president, Rev. Richardson, Calls the Convention into session for the annual business meeting.
2. From the following nomination Mr. Monsma, Rev. Richardson, Dr. Van Noord, and Dr. Jaarsma are elected and re-elected to office for the coming year.

Psychology: Mr. T. H. Monsma
Dr. L. Vander Linde, Jr.

Institutional
Psychology: Dr. G. A. Van Noord
Dr. W. W. Rooks

Pastor: Rev. E. A. Richardson
Rev. W. J. Teeuwissen

Education: Dr. C. Jaarsma
Rev. G. R. Youngs

3. The secretary makes the following report:

We can report progress, though not of a spectacular nature. Our membership has increased by about fifty percent since March 1, 1959. Correspondence received from time to time indicates growing interest in the annual conventions and in the Proceedings sent out to members, to colleges and seminaries, and to individuals requesting them.

This year you received the first issue of the Newsletter. Rev. Harlan Steele, the Vice-President, chairman of the Executive Committee and chairman of the Public Relations Committee, is largely responsible for its publication and mailing. You will all agree it was well done. We plan to continue something of this nature to keep the members and others informed concerning the activities of the Association.

The Proceedings of the 1959 Convention were mailed in August. They were prepared and sent out by the Grand Rapids Mailing Service. I trust you all received your copy.

We now have a membership of 83 as of April 1, 1960. If you have not yet renewed your membership for 1960-1961, please do so before you leave. We need many more members to carry on the program called for in the constitution.

The Board of Directors met on April 1, immediately following were elected as officers for the year:

President - Rev. E. A. Richardson
Vice-President - Rev. Harlan Steele
Secretary - Dr. C. Jaarsma
Treasurer - Dr. M. J. Beukema

The following were designated as the Executive Committee:

Dr. M. G. Beukema
Dr. C. Jaarsma
Dr. K. V. Kuiper
Rev. H. Steele

The Entire Board met on April 1 and Sept 11, 1959,
The Executive Committee met on May 8, and Sept. 25, 1959.

At meetings of the Board and in annual Conventions the need for intensifying and extending the work of the Association are constantly heard. Let me repeat again, we should do more than meet annually in conventions. Efforts at scholarly study and research should be promoted. We are at present corresponding with other Christian organizations for scholarly endeavor. Jointly and separately we should seek the application of the Christian faith to advancement of learning and thereby achieve more effective Christian service.

This year we are specially favored to have with us Dr. O. Hobart Mowrer, psychologist, lecturer and author. He has been very generous in offering his services and in furnishing us with literature on the subject under discussion. The inspiration of his message to and his presence at the Convention will go with us in the months to come.

We are humbly grateful for our Lord's blessing upon the work we have done, and pray that He may guide us in seeking further enlightenment in the area of human relations.

Submitted by C. Jaarsma

4. The treasurer makes the following report:

March 1, 1959 - March 1, 1960

Balance in Treasury March 1, 1959	381.57
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Receipts:

Receipts at 1959 Conference	657.50
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Membership fees and sale of proceedings throughout the year.	<u>191.75</u>
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Total Receipts	1230.82
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Disbursements:

Conference expenses:	385.71
Printing of programs	79.31
Banner advertisement	6.40
Cutlerville Chr. School	
Circle - dor dinners	300.00
Michigan Corporation and	
Securities Commission	2.00
Secretarial Work	69.75
Postage and Supplies	75.02
Travel expenses	94.50
Grand Rapids Mailing Service	
(200 copies of '59 Proceedings)	245.75
Dr. C. Jaarsma (Honorarium)	200.00
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Total Disbursements	1072.73
Balance in Treasury	
March 1, 1960	158.09

Submitted by M. J. Beukema, Treasurer.

5. The Membership Committee through Dr. Jaarsma reports increase in number of members by 50% and urges continued effort to add to our numbers.
 6. The Long-Range Planning Committee reports through Dr. Kuiper. The summary report of the Retreat Survey is attached.
- Dr. Kuiper asks for a show of hands to indicate preferences for time and place for the Retreat. The following is the result:

Place: Chicago 7
Michigan 9

Time: Middle of week: 6
Before Labor Day: 6
After Labor Day: 4

7. Rev. Steele reports for the Public Relations Committee that the Newsletter will be continued and asks for contributions in the form of news or announcements.
8. The president informs the Association that as a member of the Association, Dr. Mowrer desires no honorarium or payment of expenses. Rev. Richardson thanks the eminent speaker for his contribution to the success of the Convention and for his generosity and stimulating Christian fellowship. The Convention applauds the contribution of Dr. Mowrer.
9. The president announces the resignation of the executive secretary on account of heavy college duties. He addresses the secretary, thanking him for his faithful and efficient

performance of duty during the past years.

The Convention votes to pay him \$250.00 as an honorarium for the past year. The Convention officially thanks the secretary for his services.

The president announces that at the 1961 Convention an amendment to the constitution will be submitted providing for the appointment of an executive secretary by the Board.

10. The president announces that in 1961 the Convention will be held in Chicago, and in 1962 in Holland, Michigan.
11. The business session adjourns at 12:10 P.M.

C. Jaarsma, Secretary

MEMBERSHIP - 1960

Alcorn, Rev. Wallace Arthur, 945 Kalamazoo S.E., Grand Rapids, Mich.
 Attman, Rev. R. J., 67 Cheryl Lane, E. Farmingdale, Long Island, N.Y.
 Beiter, D., Wheaton Academy, Wheaton, Illinois
 Bergsma, Dr. S., 1942 Sherman St., S.E., Grand Rapids, Michigan
 Besteman, K. J., 309 Glendale Ave., Lexington, Kentucky
 Beukema, Dr. M. J., 6850 S. Division Ave., Grand Rapids, Michigan
 Blackie, Rev. D. K., 1840 Crescent Dr. N.E., Grand Rapids, Michigan
 Bosch, Meindert, 4400 E. Iliff Ave., Denver 22, Colorado
 Bratt, Cornelia, 263 Hollister S.E., Grand Rapids, Michigan
 Brett, Dr. R. J., Bethesda San., 4400 E. Iliff Ave., Denver 22, Colo.
 Brink, Rev. Arnold, 2129 Jefferson Dr. S.E., Grand Rapids, Michigan
 Broman, Rev. A.F., 820 North La Salle St., Chicago 10, Illinois
 Brunger, Evelyn, Bethesda San., 4400 E. Iliff Ave., Denver 22, Colo.
 Busby, Dr. D., 711 North Lotus, Chicago, Illinois
 Bykerk, Roel J., Dr., 1202 Griggs S.E., Grand Rapids, Mich. Temp. Add.
 Cox, Dr. R. H., 8548 South Justine, Chicago 20, Illinois
 Crewe, Dr. B. H., 15764 Evergreen Ave., East Detroit, Michigan
 Daling, Dr. T. J., o-1089 West Leonard Road, Grand Rapids, Michigan
 De Haan, Dr. R. F., 325 West 32nd St., Holland, Michigan
 Dekker, Rev. H., 1339 Prince S.E., Grand Rapids, Michigan
 den Dulk, Dr. Gerard, P.O. Box 275, Ceres, California
 De Vroome, M., 608 Prince S.E., Grand Rapids, Michigan
 De Wind, Dr. L. T., 10467 Pico Vista Road, Downey, California
 Eady, Arthur, 208 North B. St., Indianola, Iowa
 Entingh, Rev. John, Sumas, Washington
 Ericson, Richard C., 2037 W. Farragut, Chicago, Illinois
 Esau, Dr. T., 80 Hilltop Drive, Manchester, Conn.
 Fair, Prof. Donald C., 13748 - 118 Avenue, Edmonton, Alberta, Canada
 French, Alvin E., 1821 Tyler Road, Ypsilanti, Michigan
 Gezon, Marie, 139 Burton S.E., Grand Rapids, Michigan
 Graf, Paul, Chairman, Spc. Educ., Kent County Speech Correc,
 Dept., 128½ Crescent N.E., Grand Rapids, Mch.
 Graham, Rev. Paul A., 6844 Minick, Detroit 28, Michigan
 Granberg, Dr. L., Fuller Theological Seminary, 135 North Oakland Ave.
 Pasadena, California
 (moving to Holland Michigan summer of 1960)
 Grant, Mervin C., 7720 Weaver Ave., St. Louis 17, Missouri
 Gray, Dr. R. W., 407 North Easton Road, Willow Grove, Pennsylvania
 Gray, Dr. W. D., 1808 Stokes Lane, Nashville, Tennessee
 Greenway, Dr. L., 724 Shamrock S.W., Grand Rapids, Michigan
 Heerema, Rev. E., 1840 Plymouth Road, Grand Rapids, Michigan
 Henry, C. Dean, 989 Pammel Court, Ames, Iowa
 Heusinkveld, Maurice, M.D., 144 Cecil St., S.E., Minneapolis, Minn.
 Heynen, Rev. Ralph, 6850 S. Division Ave., Grand Rapids, Michigan
 Hiemstra, Rev. W. L., 6850 S. Division Ave., Grand Rapids, Mich.
 Hoeflinger, Rev. N.C., South Dakota, (Box 24, Artas, S.D.)
 Hoekema, Dr. Anthony A., 1228 Dunham S.E., Grand Rapids, Mich.
 Hoitenga, Dewey J., Rev. 36-68th St. S.W., Grand Rapids, Michigan
 Holtrop, Rev. Elton J., 5139 Maple Ridge Dr., Kalamazoo, Michigan
 Jaarsma, Dr. Cornelius, 2229 College S.E., Grand Rapids, Michigan
 Jager, Rev. R. A., RFD #1, Grand Haven, Michigan
 Jansma, Rev. T. J., 644 Goffle Hill Road, Hawthorne, New Jersey
 Kamp, John, 130th & Central, Worth, Illinois

Zwier, Miss Marcia, 1301 Butler S.E., Grand Rapids, Michigan
(fall of 1960 - 911 W. High, Urbana, Ill)

Additional new members:

Larson, Dr. F., M.D., 2931 Portland ave., Minneapolis 7, Minn.
Sternlof, Mr. Richard E., 4 Shore Road, Magnolia, Mass.